0 -	04	629
RYLAND 21201	within 24 hours ofter de. age 4 may be	2 shadd be the turneral director, page 3 CD 2 shadd be the within 72 haurs after death

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	RÉ	G. NO.	l Gas	- 1
	CEASED NAME	FIRST	Ma	WIDDLE	Ö	AST	20 DATE OF DEA	TH MONTH	DAY YEAR	26. HOUR 25
	, , , , , , , , , , , , , , , , , , ,	Cuby.			N	arphot		9 1	16 86	6 PM
3. SE	X	1	RACE		S. DATE C		6. AGE (IN YEARS LA		MONTHS DAYS	HOURS MIN.
	female		whit	e	Sep		79	YRS.		
la B	IRTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	Y OF DEATH	
	West Virgin	nia	USA		WIDOWE			Miche	ilen	MD
	ITY OR TOWN OF DEA					OR OTHER INSTITUTION	120 USUAL OCCL			OF BUSINESS OR
1	Hagerstown			HEACILITY, GIVE STREET		ospital	(TYPE OF WORK FOR A	OST OF WORKING LI		oe
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	STATE Maryland	Mach	ington	Hagersto		13d. INSIDE CITY LIMITS?	Route		E	21740
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	Roy	В.		Starn		Esther			Roge	rs
	WAS DECEASED EVER		WAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS		
l i	No			25.0		Pauline Leh	man, Hage	rstown,	Md.	
	18 CAUSE OF DEAT			line for ioi, (b), one	djesi	/			BETWEEN	ONSET AND DEATH
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			(c)							
z	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION GIV	VEN IN PART 1	10
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CERTIFICATION							YES NO	_	ES 🗌	NO 🗌
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MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION	JUNEAU L		5011112	
Z	WHILE NOT WH		(AT HOME STR	EET FACTORY, OFFICE, F	ARM ETC )	STREET	CITA	OR TOWN	COUNTY	STATE
100	AT WORK AT WO	KK				-11/4	-/	die	- Cr	

230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial

sow the deceased alive on have above, (1) (we) (did) (did not) view the

231. NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING

(my) (our) opinion deoth occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

226. SIGNATURE

Rest Haven Cemetery

Hagerstown, Wash., Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

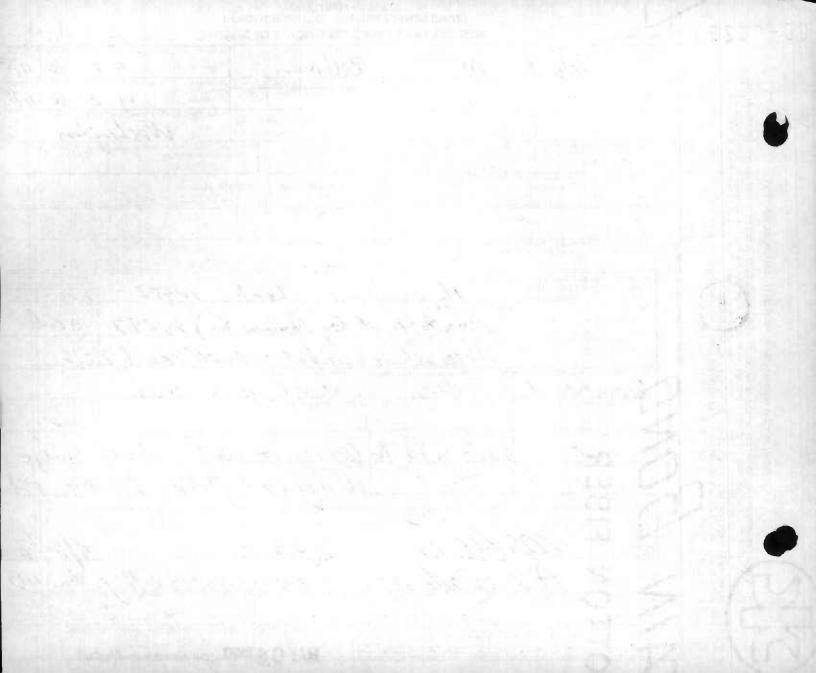
BP.

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Apr.19,1986

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REGISTRAR REG. NO I. DECEASED NAME DATE KNOWN ANTH Michell (TYPE OR PRINT) ESTI-1982 DEATH MATED 4 RACE DATE OF BIRTH 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED white female DEAD Oct. 10,1971 14 O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK) KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Hagerstown Washington County Hospital student USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 1136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington 541 Ridge Ave. 21740 Marvland Hagerstown YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Billman, Sr. Shifflett Roland Stella C. Lee 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS HEYES, GIVE WAR OR DATES 220-08-1969 R. L. Billman, Sr., Hagerstown, Md. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 2D AUTOPSY? YES I 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED JENTER NATURE OF IN. HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY WHILE AT WORK 220. I certify that I took charge of the remains described above, held on deoth resulted from: Accident . Suicide Homicide EXECUTE THE CENTRAL DISTRIBUTION TO FUNERAL DISTRIBUTION OF THE CENTRAL DISTRIBUTION O SIGNATURE EXAMINER'S NAME (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR' May 1,1986 Cedar Lawn Mem. Park Hagerstown, Wash., Maryland burial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE MINNICH FUNERAL HOME **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5)) 20M 4/82



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AND 24		W. Va. H	lardy	Baker		YES 🗌	NO 🛣		Rural	Route	5 1/
7/0 2 m	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME			
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in the second		VAS DECEASED EVER IN U.			URITY NO.	17 INFORMA	ANT	ADDR	F. G. O.		nable Dr
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_ X = 8 2 E 5		saw the deceased ali	ve on	19		nd that in (my)		death occurred on the a			
TA O O D D D D D D D D D D D D D D D D D		above, (I) (we) (did) (a	did not) view the	body ofter death.		DEGREE				22c DATE	
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Z = Z = 0 +	1	antour	11110	y L	1.12		PHYSICIAN [	DIRECTOR   PHYSI	CIAN	19/03/	8
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HOS pointed pointed the the		11 notre	10	Crunn			Kealy	5VI/12 Md	217	56	
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(VRA 15, 4)	5	James K. Q	yees	Hugewie	L, W. V	26/6	4 IAPH	0 6 600	100	Largert and	- graduate

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0-03927	1 - STATE REGISTRAR		CERTIFICATE OF DEATH	B REG. NO.	2 3 1 3
noy be page 3	I. DECEASED NAME FIRST (TYPE OR PRINT) Hel	en Campell	Brown	20. DATE OF DEATH MONTH DA	M
ge 4 mar pctor, po	Female 7. SEX	4. RACE White	5. DATE OF BIRTH  MOTH/14/1894*  AND THE STREET OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  91 YRS.	FUNDER I YEAR IF UNDER 24 HRS
2 1 1 1 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	75. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O	OF DEATH MD.
20 to 50 to	10 CITY OR TOWN OF DEATH  Hagerstown	11. NAME OF HOSPITAL, NURS  LENOT IN SUCH FACILITY. GIVE STRE  AVAION NURS	ING HOME OR OTHER INSTITUTION ET AODRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	USUAL RESIDENCE (IF NURSING HOME)	ROTHER INSTITUTION GIVE RESIDENCE BEFO JUNTY 130. CITY OR TO	DRE ADMISSION) 136. INSIDE CITY LIMITS?	13e STREET ADDRESS 5 Catawba Place	21740
MARYLA within mpletely and 2 sh	14. FATHER'S NAME	nington Campe	15. MOTHER'S MAIDEN N		essler
MORE, I	160 WAS DECEASED EVER IN U.S. A	TIVE WAR OR DATEST		wart, Hagerstown,	Md.
DS, 201 W. PRESTON ST., BAI quires that the death certificate signed by the attending physici her please remove carbon paper to burial, cremation, or removal.	Conditions, if ony, which gove rise to immediate cause Io1, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT		uence of onia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  1 hr  3 days
AL RECOR	190 DATE OF OPERATION 3/12/86	Fracture:	rt hip	200 AUTOPSY? 206. IF YES, IN CERTIFY YES NOW YES	
SION OF VITA PHYSICIAN: TI PHYSICIAN: TI PHYSICIAN: TI PHYSICIAN P	CO CONTRIBUTING CONCE OF O	HOUR A.M. MONTH	796 19 Patient	RRED (ENTERNATURE OF INJURY IN ITEM 18 PAR fell at her hor	
DIVIS or office se as the colth or	(IF EITHER NOTIFY MEDICAL TACK  (IF EITHER NOTIFY MEDICAL TACK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  Home pital) attended the deceased from an 10 19	21f. LOCATION SIREE  Catawbe  Nov. 21, 19 72  86, and that in (my) (aur) apinion	Place Hagers  , to Apr. 10 19 n death accurred an the date and haure	town, Md.  state  town, Md.  state  town that (I) (we) lost and from the causes stated
ITAL OR by the hc ERAL DIRE State Deporter	226. SIGNATURE  226. PHYSICIAN'S NAME (TYPE	Len	1 . A DEONEL	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4-10-86
TO HOSP retoined   TO FUNE should be with the Standard because the Stand	William W	. Lesh M.D.		on Ave Hagers	town, Md.
BP	burial	Apr.12,1986 F	Rose Hill Cemetery		lash., Marylland
DHMH - 16 50M 4/82 (VRA 15, 4)	NA ME	INNICH FUNERAL F Blvd. Hagerstown	LIPTO A	1516 DESTRAGULEDAN	Misnel Milke

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Parkinson's: Recent Fracture right hip

3/12/86 Fracture rt hip x

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Apr. 10 co Apr. 10 86

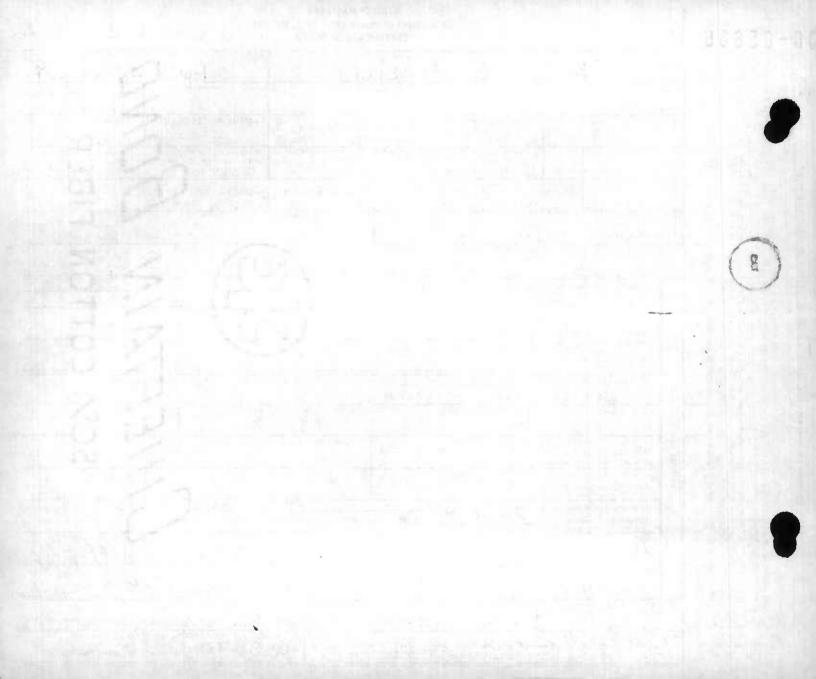
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villiam N. Lesh N.D. 411 Division Ave Hareretovn, Ld.

Brown Funeral Home POBox 821, Martinsburg, WV

(VRA 15, 4)

STATE OF MARYLAND



AGlear Spring, Md. 250. DAIAFED

Thompson Funeral Home Inc.

A REGISTRAR 256. REGISTRAR'S SIGNATURE

willow - Mundelle

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

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Maryland Mashington Clear Suring N. Route # 2 Non 171

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Burlal -5- 6 Blains Valley Cemitery Clear Spring, Wash, Mo.

Clear Spring, Md.

Lagerstown hashington County Housewife

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longle E. Thompson wurst all lone, Inc.

Public Transp. 13e.STREET ADDRESS / ZIP CODE 225 S. Mont Valla Ave. LAST Hauver 225 S. Mont Valla Ave. Hagerstown, MD 21740 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO | 234. HOW INJURY OCCURRED (ENTER NATURE OF PULLEY HUTTAN IS THEY LOS PROT IN COUNTY STATE and that in my) (our pointer death accurred on the date and hour and from the causes stated ld b 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN Buria] 4-24-86 Garfield U.Methodist Garfield Frederick Maryland 24 FUMERIAL DIRECTOR DHMH - 16 60M 7/84 Myersville, Maryland Home Funeral (VRA 15, 4)

STATE OF MARYLAND

YEAR

1986

IF UNDER 1 YEAR

INDUSTRY

2h HOUR

12h, KIND OF BUSINESS OR

IF UNDER 24 HRS

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)

STATE OF MARYLAND

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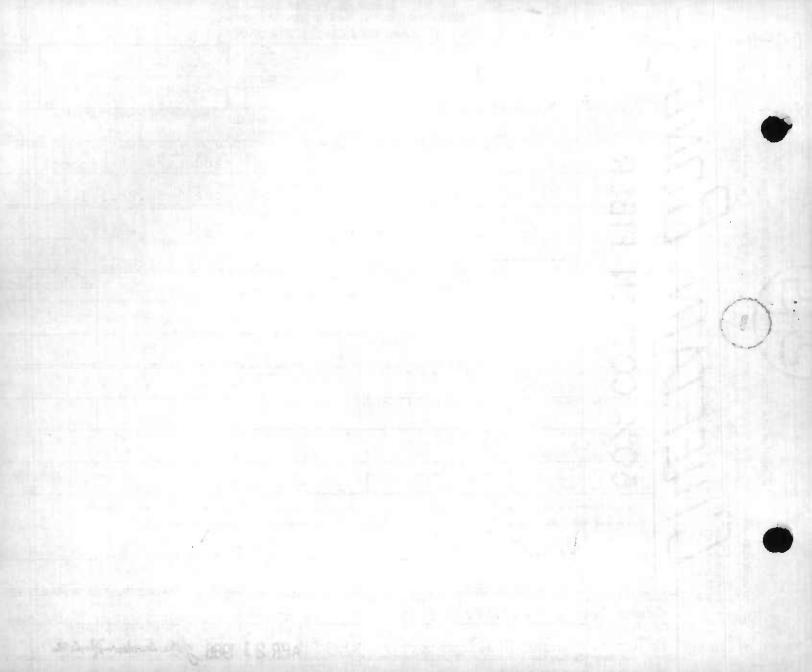
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A. . . . TITE . STANFE

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de la constant de la	1//	1	William		S .	COGG		FIRST	MIDDLE		LAST	
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NO Property	9/		ES. NO OR UNKNOWN)		WAR OR DATES)							
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NIS OF THE PARTY O	lend.	W	WHILE NOT WH	ILE	(AT HOME STI	REET, FACTORY, OFFICE, F	ARM ETC )	ZIMEEL	CITTORIO	WIN	COUNT	STATE
D A S S S S S S S S S S S S S S S S S S	ou.		22a. I certify that	(this haspite	al) attended th	e, deceased fram_		2-12-1975		26, 19	86 .	that (we) last
The State of the	6		saw the decease abave, (1) we) (d				86,0	nd that in (my) (aur) apinion	death accurred on the de	ate and have a	nd from the c	auses stated
日本 と が 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	1		226. SIGNATURE	na in ala nar		· M.D		DEGREE			22c. DATE S	SIGNED
A Head			Char	es is	- 14000	· W. C.		ATTENDING PHYSICIAN I	MEDICAL STAI		4-1	-6-86
HOSPITA PUNETA CICI Se d	3/		22d. PHYSICIAN'S NA			4		22e ADDRESS	S DIRECTOR THIS	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
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5 8 5 8 3	4	23a B	IDIAL CREMATION		236 DATE			EMETERY OR CREMATORY	230 LOCATION			
BP		- (	burial		April 2			ld Cemetery	Ringgold,	Washir	ounty	Marylan
DHMH - 16 60A	A 7 /D4	24 FL	NERAL DIRECTOR	MINN	VICH FUI	NERAL HOM	E		E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATI	JRE JE
(VRA 15, 4		4]	5 East Wil					yland 21740	K30 1900 0			1

			FORFTEI	n 18a	+ 2000	DEPARTMENT O	HEALTH	AND MENT	TAL HYGIEN	E			
10-1	01.257	1-	STATE REGISTRAR	7-17-8	(d) ME	DICAL EXAMI	NER'S	ERTIFICA	TE OF DEA	H 6 RE	G.Nd 2	5	2 3
0-1	14631		EASED NAME OR PRINT)	E FIRST		MIDDLE		LAST	-	20 DATE KNOW OF ESTI-		DAY Y	EAR 26 HOU
	2000年世			Hanr		milton		niels		DEATH MATE	D X 4/	13/19	
	PLEAS BECTOR HOUR STREET	3. SEX	1	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRT	YEARS IF UN		UNDER 24 HRS.	PRONOUNCED	MONTH		9:30
	DIRECTOR A		male	White	Aug. 22		YRS.			DEAD		15/19	
-	SE S	FO	RTHPLACE (S		76. CITIZEN OF W	HAT COUNTRY?	8. MARRI	ED NEVER	MARRIED X	9. BALTIMORE C	ITY OR COUNT	Y OF DEAT	TH
•	AND		rylan		USA		WIDOW		IVORCED		gton Cou		MI
	N SERVICE SERV	10 CI	TY OR TOWN	OF DEATH		SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES		ER INSTITUTION	FOR.	UAL OCCUPATION MOST OF WORKING LIFE S tuden t	(TYPE OF WORK	OR IND	DE BUSINESS DUSTRY
	S S S S S S S S S S S S S S S S S S S	LISTIA	Hage	cstown	Washing	ton County		ital		student		scho	001
21201	AND 3		rylan	d Wa	shington	Hagerst	own	13d INSIDE CITY LI YES	MITS? 13e STR 40 X HOT	eet address Dewell 1	Rd.Rt.1	1 217	40
WD	W (308-H	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S FIRST	MAIDEN NAME	MIDDLE		LAST	
ORE.	- GENERAL		Peter		Moller	Daniels		Linc		Sanz	Hami]	Lton	
TIM	SK OK OK	16a. V	ES, NO. OR UNKNO	OWN) (IF YES, G	ARMED FORCES?	16b. SOCIAL SECUR							
¥	A PH PAPE		no			220-82-	4603	Peter	M.Dar	niels (i	rtem 13		ve)
_ 15	A LB. WIT.		PARTIDE	ATH WAS CAU	anly ane couse per line SED BY:	ar (o) (b), and (c).)	, T	Artou	action	<b>√</b>			ONSET AND DEATH
Y	SEGERA		(A)	IMMED	DUE TO OF	AS A CONSEQUENCE	F OF	10 10 2 1	0.70				
(2)	BEEN SE			ns, if any, whi	ch								
1	OR HE WAS	1	couse (o	se to immedia stating the <u>und</u>		AS A CONSEQUENC	E OF						
98	N N N N N N N N N N N N N N N N N N N		lying cau	use last.	(c)								
ios.	AAND AATIO		PART 2 OTHER SI	GNIFICANT CONOITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL OISEAS	E OR CONDITION GIV	EN IN PART 1 (a).				
DIVISION OF VITAL RECORDS	"PENDIN "PENDIN EF MEDIC ED AS A HEALTH	MEDICAL CERTIFICATION		707			- 1.7			2017			
7	TIFICATE SHOULD AG THE WORD."PE TO THE CHIEF A SHOULD BE USED. PARTMENT OF HE ROR TO BURIAL,	CAT	190 DATE OF	OPERATION	19b. COND	TION FOR WHICH OF	PERATION W	AS PERFORMED	D?			20 AUTO	
Y.	SHOW THE CHANGE OF THE CHANGE	RTIF	2) - EVTERNI	AL CAUSE WAS	21b. TIME O	F th (1) 100	Las	2011				YES	NO [
0	A HE SHEET	2	UNDERLYING	OR	HOUR A.A	A. MONTH DAY YE	AR C	JW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN IT	JEM 18 PART I OR PAR	IT 2)	
Ö	ERTIFICATION THE VED TO THE SAHOULD SEPARTME	200	CONTRIBUTI	NG CAUSE C	OF DEATH 7 5 500	111	2110	CAHON	Over	hosed c	Nara	9	
2	田田田田田田田	ME	WHILE	NOT WHILE		TORY, FARM, ETC )		STREET PRO	- n. Le	gity OR TOWN	cou	7	STATE
	I>344-		AT WORK	AT WORK	7	4 rage	16/1	sy X In:	SIPECT _		1	FOUN	ma
	AND SE STAN	133			arge of the remains de				spection L.	Inquiry	and in my op	nion	
	REC REC		death result	ed from: No	otural causes $\square$ ,	Accident .	Suicide L	, Homicide TITLE (SPEC		termined monner	M.		
	L EXA DUCE N DIRE H, WIT		ACTUAL SIGNATURE	May	white the	me	AA	D. Assis		ICAL EXAMINER	DATE	4/1	15/86
	SEA STAN		The Later	1	1		//	.0	MED MED	ACAL EXAMINER	SIGNE	D	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, TO EXECUTE THE CORNING BE FORM TO FUNCTION, WITH THE STILL BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI		rgarita A.			ADDRESS		enn St.			
	PAT PAT A	23a.B	JRIAL, CREMA	TION, REMOVA		19 23c. NAME OF C	CEMETERY O	R CREMATORY	23d. LC CITY	OCATION OR TOWN	COUN	ATY Y	STATE
07/84 25M	BP//3		remat:		Apr.17,	86 Smith	sburg	Crema	torySm	ithsbur	g Wash	. Ma	ryland
ZJIVI	DHMH - 17				ne Willi		MD 24	705		V a	-	MATURE	
	(VR A15 ME (S))	IM	ajor	1.US DO1	ne willi	amsport,	MD 21	195 A	PR 21 1	744 JAK	-bavideon-	Water.	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

42	6	
0	REG. NO.	

2 5 2

J										REG. NO.	1				
		CEASED NAME	FIRST	4	MIDDLE		A51		20 DATE OF	DEATH M	ONTH I	DAY Y	EAR	26 HOU	
			Harri.		4	DA	V15		Apri		19	198		10	OM.
	3 SEX	X		4 RACE		5. DATE C			AGE (IN YE	ARS LAST BIRTH		MONTHS	DAYS	HOURS	MIN.
	_	emale		white			ary 13, 1		94		YRS				
-		RTHPLACE (ST.	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	NEVER MARRI	IED 9	9 BALTIMOR	RE CITY OR	COUNTY	OF DEA	TH		
)	Mo	aryland		USA		WIDOWE	DE DIVORC	ED 🗍	Wa	4 1 1 1 1	aton	C	DULY	the	MD.
7	0	ITY OR TOWN C			HOSPITAL, NU		R OTHER INSTITUTI		120 USUAL C					F BUS NE	ESS OR
)		oonsbor		Fahrn	ey K.	-	Nem- Ho	mes	sales			de	pt.	sto	re
-	13a. S	STATE	13b COUN		13c CITY OR	TOWN	136 INSIDE CITY LI	MITS?	13e STREET A						
)		aryland	Wash	ington	Hagers	stown	YES [ NO	_		N. Mul	berr	y	-	2174	0
1	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAI	IDEN NAMI	.E	MIDDLE			LAST		
1		John		Henry	Arı		Ella						Hine	es	
1		VAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT			ADDRES	S				
		no			323 10	0 4018	Mrs. Flo	rence	Harpe	er, Ha	igers	town	, Mo	d	
		18 CAUSE OF	DEATH (Enter or	nly one cause per	line far (a), (b	n, and ici.i	n					8E T	PPROXIM WEEN O	AATE INTER	RVAL
		PARI I. DEA	TH WAS CAUSE	D BY: TE CAUSE (a)		ende	ac a	erra	1-						
				DUE TO O	R AS A CONS	EQUENCE OF	^			,					
		Conditions, if	any, which	( ıb)_		2gani	1 /820	em (	8440	row	4				
		gove rise to		DUE TO O	R AS A CONS	EQUENCE OF	/		-						
		underlying	cause last.	(c)											
		PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISE ASE	ORCOND	ITION GIV	ENINPA	RT 110	100	
	CERTIFICATION														
3	\ \	190 DATE OF O	PERATION	19b COND	TION FOR WI	HICH OPERATIO	N WAS PERFORMED		700 AUTO	PSY?	20b. IF YES IN CERTIF	YING CA	INDIN USES	GS USEL	D TH?
/	l E							7. 31	YES 🗌	NO	YE	s 🗌		NO [	
2			G CAUSE OF DE	1 0110110		DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTERNAT	TURE OF INJURY	IN ITEM 18 P	ART I OR PA	RT 2)		
	MEDICAL		Y MEDICAL EXAMINE		M,	19									
	<u>_</u>	21d INJURY O		71e PLACE		FICE FARM ETC )	211 LOCATION STREET			CITY OR TOW	N	COUN	ITY YES	5	STATE
	~	AT WORK	AT WORK	da esta s						18.3	-				
		220 I certify th	not (1) (this haspi	tal) attended th	e deceased fr	am			, to			19	, t	hat (I) (	we) last
		saw the d obave, (1)	eceased alive on we) (did) (did no	it) view the bady	after death.	19, ar	nd that in (my) (aur)	apinion de	eath occurred	d an the date	e and have	r and fra	m the c	auses ste	ated
		276. SIGNATUR	RE O	.0/	a 1		DEGREE		4			1		SIGNED	
			9	· 11944	20 (	cu	ATTEN PHYSI	ICIAN -	DIRECTOR [	STAFF PHYSICIA		14.	-2	0-8	36
1		27d. PHYSICIAN	Y'S NAME (TYPE C		3.00	11,000	27e ADDRESS		. /		11			E.	
		MISDO	ILWA	HEED	Com,		1610-0	JAK	H'1(	AVE	H	4-9	M	02	1740
	23o. E	BURIAL, CREMAT	ION, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREM.	ATORY	23d. LOCA			COUNTY			TATE
	,	hunial		Ann 23	1986	Rose Hi	1.1. Comoto	2771	Hanes	rstown	2. Wa	Sk	Ma	2217.0	ind

DHMH - 16 60M 7/84 (VRA 15, 4)

Wilson Blvd., Hagerstown, Md. 21740 74 FUNERAL DIRECTOR
415 E. Wil

AN SECTION PROPERTY OF STREET

70ge 4 moy be 2

				STATE OF MARYLAND		
	1	FOR		MENT OF HEALTH AND MENTAL HY	GIENE	9 9 1
		REGISTRARFLORENCE	E EDITH EISSNE	EXERTIFICATE OF DEATH	RES. NO.	60 3 60 0
~		CE ASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
7			ence Edith	Eissner	4/4/	186 6 P
	3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		Female	White	7- 18 1900	85 YRS.	NO.
2	70 B	CHINTON	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
0	We	st Virginia	U.S.A.	WIDOWED DIVORCED	Washington	County
0				ADDRESS) Nursing Center	170 USUAL OCCUPATION 1149E OF WORK FOR MOST OF WORKING LIE HOUSEWIFE	126 KIND OF BUSINESS ( INDUSTRY
3,	130	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	
5			ington Hagers		50 Summit Ave	
11		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	
Two days		Alvev	Worthing	aton Mary	Catherine	Womax
		VAS DECEASED EVER IN U.S. AR/			8 ADDRESS	wood Drive
medico		No	- 217-12-	1666 Earl W. Ei.	ssner Hagersto	wn Md. 217
E /		18 CAUSE OF DEATH (Enter an	ly ane cause per line for (a), (b), an	dic:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		PART I. DEATH WAS CAUSED	E CAUSE (a)	ADEND CALCINO	MA INDINTA	
	N	WWWEDIA	DUE TO, OR AS A CONSEQUE	1	_	
		Canditions, if any, which	( 1b)	YON	l e	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF A A A TOTAL	(-11 1 11	
		underlying cause last.	(6)	DICHTAL	CELLULITI'	3
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART Tra
5	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
7	F					FYING CAUSES OF DEATH?
5	E	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	
57		OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
2/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	21f LOCATION		
9	M.	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		AT WORK	al) ottended the deceased fram_	. 10		19, that (l) (we)
		saw the deceased alive an	4 14 19	and that in (my) (aur) apinion	death accurred an the date and hav	
		above, (1) (we) (did) (did not 26 SIGNATURE	view the body ofter death	DEGREE	/	22c DATE SIGNED
		In Ilmill	maken /Class	ATTENDING	MEDICAL STAFF	415/1
		TO PUCCO	RPRINT	PHYSICIAN [	DIRECTOR PHYSICIAN	1 1100
	-	226 PHYSICIAN'S NAME TTYPE OF	/	N /	11 ( see cost	
T A T		ELION TYPE OF	HOACHLAND	EL HAGE	ICSTUUN M	3/
	230	ELDON BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
		ELDN BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		se Hill Cemeter	y Hagerstown, W	
		ELDON BURIAL CREMATION, REMOVAL	4-7-86 Ro.		y Hagerstown , W	

Charles and a Children and S.

White C.S.A. wast Virginia C.S.A. van

cest Virginia (1.5.A. X Washington County

Hagerstown Colton Villa Hursing Capter Housewild

Ner land washington corretown : 50 Summit Avenue 20740

Livey Catherington Enry Catherine Lower

d --- 277-17-1866 Fart L. Linsbor Hagerstown, Mc. 21740

riel A-T-86 Rose Hill Conctery Hagerstown, Hashington, Ed.

Haddratown, Md.

8	REG. NO.	-1	2	3	2	6
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	1	FOR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	GIENE	1 /)	2 9
20	/	REGISTRAR				ICATE OF DEATH	B REG. N		1.3 Gay
		CEASED NAME FIRST OR PRINT!	MIDDE					MONTH DAY YE	AR 2b HOUR
16	3. SE:	Nellie	VIT 4. RACE	ginia	5. DATE O	Well F BIRTH	April	21,1986 THDAY) IF UNDER I	YEAR IF UNDER 24 H
	5	emale	White		Janu	ary 10,1926	60	YRS.	DAYS HOURS M
277		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	A	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DEAT	гн
12/		lary land TY OR TOWN OF DEATH	USA	NI NI IPSIN	WIDOWE	D DIVORCED DIVORCED	WASHING		ND OF BUSINESS
JE JU	,	Hagerstown	Washingt	on Cour	ty Ho		Housewif	E WORKING HEEL INDLIS	ome
	13a S	AL RESIDENCE (IF NURSING HOME) STATE 13b COU	INTY 13c	CITY OR TOWI	v 1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 254 Otho	ZIP CODE Holland D	r.21795
8) 1		THER'S NAME	MIDDLE	1 AST		15 MOTHER'S MAIDEN NA			IAST.
2			olden	Staley		Bertha	Mary		isman
dico			IVE WAR OR DATES)	SOCIAL SECU		17 INFORMANT	ADDR		
ž.		no m		15-20-9		Gary L.Monno	onger Rt.2		
ent		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		1200	rep	PIRATORU A	PACK	BET	PPROXIMATÉ INTERVAL WEEN ONSET AND DEA
tic ev		IMMEDI	ATE CAUSE (o)	1	1	7,0,50,000		C 1	
omno		Conditions, if any, which	DUE TO, OR AS	TUTE	1. (4	nonic resp	inationy,	muse.	
her tro		gove rise to immediate cause (0), stoting the	DUE TO, OR AS	A CONSEQUE	NCE OF 1	21 62 . 4			
ar oth		underlying couse last	(c)	- b	WIL	MSGMA -			
4	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTE	RIBUTING TO D	EATHBUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	RT 11a
177	RTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
17	TIFIC						YES NO	IN CERTIFYING CA	USES OF DEATH?
3	E.	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART I ORPAI	R1 2)
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.		19			. 100.31.11.	
4	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF IN		ARM, ETC )	211 LOCATION STREET	CITY OR TO	WN COUN	TY STATE
100		AT WORK - AT WORK	2.10.10.1.10.1	1.6					
	0.0	22a I certify that II (this hos	n I	14	, an	d that in (my) (our) opinian	deoth accurred an the d	ate and hour and from	, that (I) (we)  n the couses states
E	10	offore, (I) (we) individual ided a	or view the body ofter	death.		DEGREE			DATESIGNED
1.1		1/1/1	MINO	JUS K	1	ATTENDING PHYSICIAN	MEDICAL STA		1122/80
MPORTANI		226 PHYSICIAN SWAME ITH	do Phones	2		22e ADDRESS			1
0		(0)1	100516						
-1	23a. B	URIAL, CREMATION, REMOVA		19		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24 5	Burial	April 24	,86 Gr	een la	wn Memorial P	Williams PR 3 0 1986	ortWashing	tonMary
	7.6 6	JNERAL DIRECTOR							

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

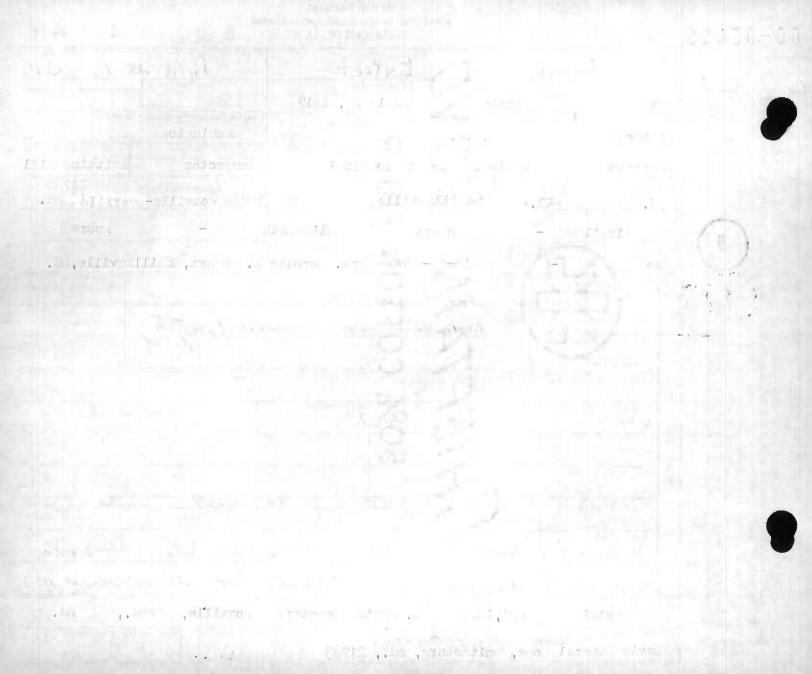
I	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	36	b EG. NO.	2 5	21
		CEASED NAME FIRST PRANT		AIDDLE	ENY	'net	20. DATE OF DEA	April 28	8 86	26 HOUR 3 PM
I	1, 5E)		4 RACE		5. DATE C		6 AGE (IN YEARS		ONTHS DAYS	IF UNDER 24 HRS
I	Ma				July	y 26, 1917 1917	68	YRS		
1		RTHPLACE (STATE OR FOREIGN	LE CITIZEN OF WHAT COUNTRY? 8. MARRI			DE NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
1	Kentucky U.S.A.  10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NUR				WIDOWE		Washington 12% KIND OF B			MD.
		gerstown		ton County				MOST OF WORKING LIFE	INDUSTRY Knitti	ng Mill
	13u. 5	AL RESIDENCE (IF NURSING HOME OR 136 COUNTY)	VTY	give residence before at 131. CITY OR TOWN Sabillasv		YES NO NO	14716 Fc	RESS / ZIP CODE		21780 Ld Rd.
1	FA	THER'S NAME FIRST Virgil	WIDDIE	Enyart		15. MOTHER'S MAIDEN NAME Elizabeth		DDLE	Moor	ce
1		VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURI	TY NO.	17 INFORMANT		ADDRESS		
4		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	415-16-00	40	Mrs. Dorothy M. Enyart, Sabilla			asville, Md.	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	D BY: TE CAUSE (a)  DUE TO, O	RAS A CONSEQUEN	20	fure alow crame	ries of p	ustole Zind	BET WEEN O	MATE INTERVAL
MEDICAL CERTIFICATION	TIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART OF TH	196 COND	TION FOR WHICH O	PERATIO	NOT RELATED TO THE TERM IN WAS PERFORMED	20a AUTOPSY	? 20b. IF YES,	, WERE FINDIN YING CAUSES (	IGS USED
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18 PA	RT I OR PART ?)	
	MEDIC	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE			211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
		27a.1 certify that (1) (this haspi saw the deceased alive an above (1) warded (did no 27b. SIGNATURE	4-28	19.8	,	nd that in my loon apinion of DEGREE ATTENDING	death accurred an	the date and hour	and from the c	
		22d. PHYSICIAN'S NAME ITYPES  WM. GJ. F	PRINT) LAVC	AV.	171	PHYSICIAN & 220 ADDRESS 1198 KENLY	DIRECTOR   F	HAGET	25704.	con n
	23a B	BURIAL, CREMATION, REMOVAL	236. DATE May 1, 19	986 Mt.		emetery or crematory iah Cemetery	FoxV11		COUNTY	Md STATE

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTO

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Funeral Home, Smithsburg, Md.,



28 West Potomac Street Williamsport, Maryland 21795 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Greenlawn Memorial Pk WilliamsportWashingtonMaryland

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/B4

Major M.Osborne (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

22b. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

Burial

Max E. Byrkit, M. D.

WilliaMSPORT, MD 21795

DEGREE M. D.

22e ADDRESS

256. REGISTRAR'S SIGNATURE

2b. HOUR

12b. KIND OF BUSINESS OR

Insurance

21795

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

wo

STATE

Mvers

6:30

IF UNDER 24 HRS

1986

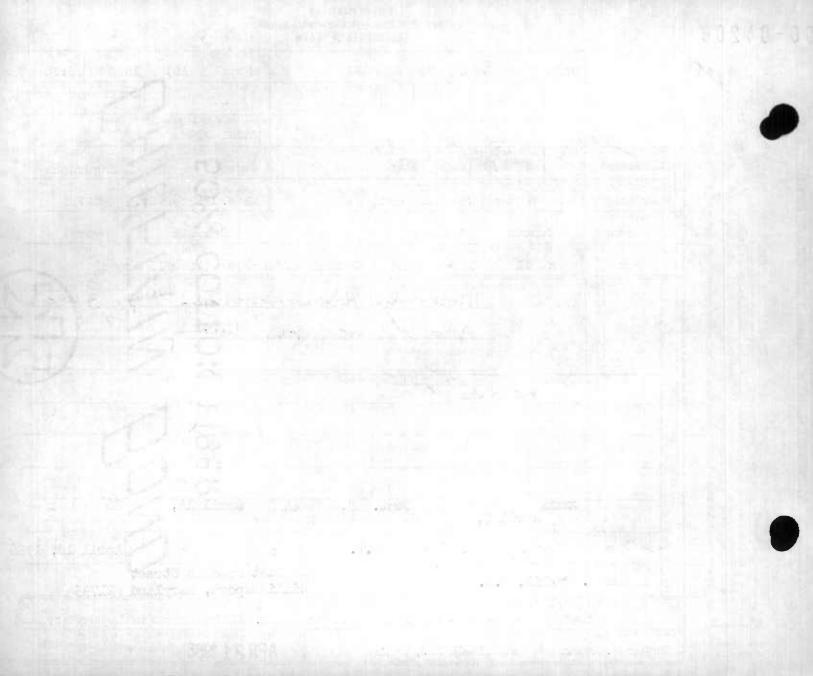
IF LINDER LYEAR

INDUSTRY

COUNTY

220 DATE SIGNED

April 18, 1986



FOR

(SPECIFY)

(VRA 15, 4)

BURTAL.

24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR 800 AGE (IN YEARS LAS BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON CO 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Custodian School 13e.STREET ADDRESS / ZIP CODE 264 BEAR VALLEY MIDDLE HOFFMAN ADDRESS BETTY GARY 264 BEAR VALLEY RD. FT. LOUDON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH stonchogenic carcinomo 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 1006 , and that in (my) (aux) opinian death accurred on the date and have and from the causes stated MEDICAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CITY OF TOWN COUNTY ST. THOMAS CEM. ST. THOMAS FRANKT.IN 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 17201 297 PHILA. AVE CHAMBG. P.

Rest Haven Cem.

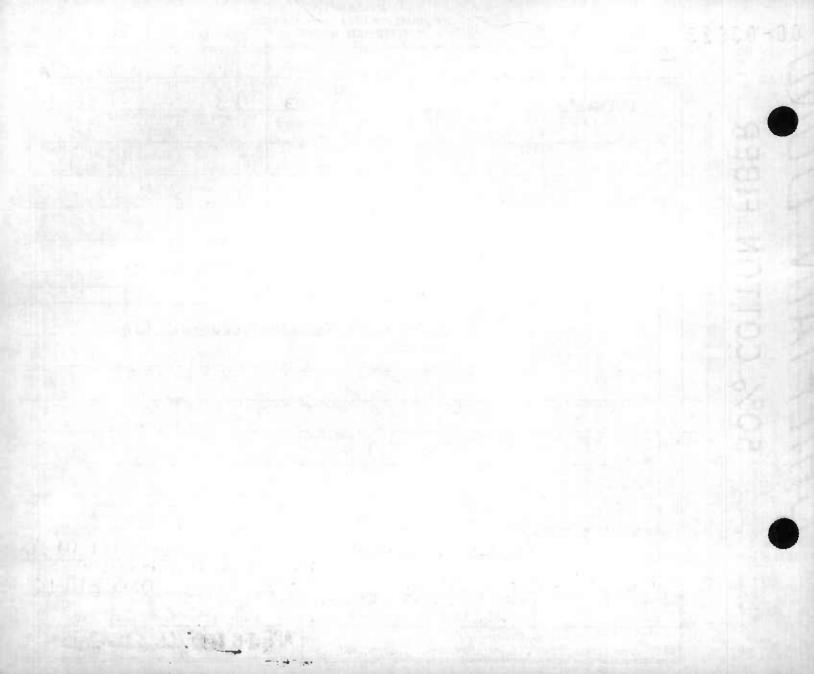
DHMH - 16 60M 7/B4 (VRA 15, 4) burial

415 E. Wilson Blvd., Hagerstown, Md. 21740

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

Apr.16,1986

Hagerstown, Wash., Maryland



requires that the death certificate

TENDING PHYSICIAN: The

TO HOSPITAL

BP.

retained by the hospital or attending physicion

6 3

4

and completely filled in by the funeral director, page 3 toges 1 and 2 should be filed within 72 hours after death

npapers. Pages 1

### STATE OF MARYLAND

8	REG. NO.	!	2	5	3	

	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6 NO.	12531
1	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
١	Adeli	la "May"	GREINER	April	12 1986 $2:00^{P}_{M}$
1	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1	Female	White	May 7 DAY 1891	94 YR	The same of the sa
-{	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
	Pennsylvania	U.S.A.	WIDOWED DIVORCED	DI Wast	ly los MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  1 TYPE OF WORK FOR MOST OF WORKING	I 12b. KIND OF BUSINESS OR
	Williamsport	Homewood R	etirement Center		Home
24		INTY 13c CITY O	E BEFORE ADMISSION) R TOWN 13d INSIDE CITY LIMIT  PTS W YES NO [	31 Belview	
	14 FATHER'S NAME	MIDDLE	ST FIRST	MIDDLE	LAST
4		nry Clop		Margaret	Koberstine
1	160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	SECURITY NO. 17 INFORMANT		
ı	1/10	219-	14-9793 Priscill	a C. Greiner	same as 13
ı	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a)	' //		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ł	IMMEDIA	ATE CAUSE (o)	PPSIS		
ı		DUE TO, OR AS A CON	ISEQUENCE OF	in Le hon	
H	Conditions, if ony, which gove rise to immediate	(b)	10 1Ka) Vect	mechon	
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	ISEOUENCE OF		
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OF L'ONDITION I	GAVENI NI GART LI.
1		dalout &	1 character	W. fa Ex-	Sive desgrition
	THE DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	THE COMPITION FOR V	WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
	Ä			YES O NOO	RTIFYING CAUSES OF DEATH?
1	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)
I			H DAY YEAR		
1	OR CONTRIBUTING CAUSE OF DI	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	OFFICE PARM, ETC.)		3771
I	220.1 certify that (this hasp	oital) attended the deceased		9,10 7/16	, 19 (we) lost
ı	sow the deceosed oluge of	not like with body after death.	_19_G, and that in my (our) opi	nion death occurred on the date and I	hour and from the causes stated
ı	22b. SIGNATURE	monde	DEGREE		THE DATE SIGNED
	6	allenge	ATTENDIN PHYSICIA	IG DIRECTOR PHYSICIAN	4/14/8
7	224. PHYSICIAN'S NAME (TYPE	OR PRINTS	22e ADDRESS	11/1/1 1/	1
1	14/16/1	1 Dixon	1610 041	Mill Heltage	procum of
1	230 BURIAL, CREMATION, REMOVA	L 23b DATE	23c. NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
	Burial	4-15-86	Rose Hill Cemet	ery Hagerstown	Wash, Md.
1	24 FUNERAL DIRECTOR	305 N.	Potomac St. 250	DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
-	Gerald N. Min	nich Hagers	town, Maryla nd AF	11:62 has guin Da	Magar

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-tronsit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, MAPORTANT: If them 21 is marked at Item 18 shows any injury, or a

the sense understand . Called at the last of the last The second of th Manda and the second of the se 10 32 21/4 -13 4/4 25 312 DO SA 1-14 The state of the s BANKS STREET STREET STREET STREET STREET harries it singled materialisms. 00-0374

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	2	5	3	6
---	----------	---	---	---	---	---

		REGISTRAR				CERTII	FICATE OF DEATH	O REG. N	10.	los mil	Le Gin
		ERSED NAME	FIRST	A	AIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
#	1107	CK (MINT)	jaco	6 Ma	arkwood		Hines		4 10	26	11 AM
1	ar SEX			4 RACE		5. DATE (		6. AGE (IN YEARS LAST BI	RIHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
7		m		Cale	901	MONI	1 2 1911		74 YRS. 5	- 8	MIN.
10		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
7	(	4. S. A.	13.55	u.s.	4.	WIDOW		Washi	ngton		MD.
1	10 CT	TY OR TOWN OF DEA	TH	11. NAME OF H		ING HOME (	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND OF	BUSINESSOR
1	17	agenstou		Wash	ington		unty Hosp.	Retired 1	ailnoon		
1		TATE	136 COU		13c. CITY OR TO		138. INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE	1/1	740
1	11.51	rna.	6	Nash.	14981	nstow		1809 13	11h510	e H	04,
11	14 FA	THER'S NAME FIRST		MIDDLE	AST		15. MOTHER'S MAIDEN N.	AME		LAST	
		Joseph	- 139	н.	Hines		Mary	Α.		Kretz	zer
1		VAS DECEASED EVER		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SE		17. INFORMANT	ADDR	ESS		
		no			214-09-	2786	Elizabeth	V. Hines, Ha	gerstor		
		18 CAUSE OF DEATH	H (Enter of	nly one couse p	light for (o), (b),	and (c)	. 1 -1	1 (.1		BETWEEN O	NATE INTERVAL
		PARTI. DEATH W	IMMEDIA	TE CAUSE 10	leno co	rcino	wa of T	he wolor	~	8	fronths
					R AS A CONSEC	UENCE OF	with wider	me I Max	X		
		Conditions, if ony,		( (b)			CIN WICH	11 40 11010	riopy		
		gove rise to imm couse (o), stotin	g the	DUE TO, OF	R AS A CONSEC	UENCE OF					
		underlying couse	lost.	(c)		1.800					
	7	PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO	INTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	DITION GIVEN	NIN PART 110	
_	01										
1	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	106. IF YES, V	WERE FINDING NG CAUSES (	GS USED OF DEATH?
1	RIE			11 11 11				YES NO	YES		NO 🗌
6		21a. ACCIDENT WAS UND OR CONTRIBUTING			F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	T I OR PART 2)	
1	S I	(IF EITHER NOTIFY MEDI	CAL EXAMINE	R) P./		19					
	MEDICAL	21d. INJURY OCCURE		21e. PLACE (	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC ]	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
8		AT WORK NOT WH	RK			a	1 10 0	1 P	12/12	01	
		220.1 certify that (1)		111	deceosed from		arch ( 19 )	0 10	201 / (1)		hot (1) (we) lost
			id) (did no	ot) view the body	ofter death	- 0 0 .0	nd that in (my) (our) opinion	n death occurred on the c	ote and hour o		
	30	226. SIGNATURE	1	R 10			ATTENDING	MEDICAL STA	FF	PRODATES	IGNED
-		11 CO la	Y	mule			PHYSICIAN	DIRECTOR PHYSI		1/mg	1/9/6
1		224 PHYSICIAN'S NA	WE TYPE	OR PRINTY R	.11		22e ADDRESS	7to 1	/	Can 1	4 14 -
1		100	6M	DV	V/L		1 /757	owner N	Je 1	agency	m
1111		URIAL, CREMATION,	REMOVAL				CEMETERY OR CREMATORY	CITY OR TOWN		es la	Melt
	04.5	burial			L4,198b		Haven Cemete				
4		INERAL DIRECTOR		NICH FU	ADDRESS	>		TE REGID BY REGISTRAL	75b. REGISTRA	R'S SIGNATU	RE
	4.	15 E. Wils	on Bl	.vd., Has	gerstown	, Md.	21/40		1		0

DHMH - 16 60M 7/B (VRA 15, 4)

should be detached for use as the bustilistranist permit, with the State Dept of Health and Merital Hygiene prior MPORTANI. If them 23 is monted or term 18 shows any

mury, or other traumotic event, the medical exa

FOR

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	X	4 PLACE	2 DATE OF BIRTH	O. AGE (IN TEAKS LAST BIRTHDAT)	
	Female	White	Nov. 5, 1888	97	YRS DATE HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
12	POONS DOCC	Fahrey - Leed	in Memorial Home	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Buyer	12b. KIND OF BUSINESS OR INDUSTRY  Pept. Store
M	aryland  Was	or other institution Give residence before UNITY Tac. CITY OR TOW. Shington Boonsb	OTO YES NO X	13e STREET ADDRESS / ZIP Route # 2	
14 F	Charles F	ranklin Pry	15. MOTHER'S MAIDEN NA FIRST Martha	Amanda	Grayson
		ARMED FORCES? GIVE WAR OR DATES) 578-12-	2613 Louise V.	Pry Boonsbo	oro, Md. 21713
	PART I. DEATH WAS CAU	only one couse per line for (a), (b), and SED BY  IATE CAUSE (a)	rdiac arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	shir Hear-	Jailey	
CERTIFICATION	PART 2. OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b.	N GIVEN IN PART 1 0  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DA	Y YEAR	YES NO	YES NO EM 18 PART ( OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased plive	spital) attended the deceased from on19 not) view the body after death.	, and that in (my) (our) opinion	death accurred on the date on	. 19, that (I) (we) lost and hour and from the couses stated
	22b. SIGNATURE	). Meal		MEDICAL STAFF DIRECTOR PHYSICIAN [	272. DATE SIGNED 4-24-86
	224 PHYSISIANUS NIAMS		00 1000555		
	22d. PHYSICIAN'S NAME TIVE ABDUL L	JAHEED MD			4AG. MD21741
	BURIAL, CREMATION, REMOV	JAHEED, MD  AL 236. DATE 236. N	1610 - OAK  JAME OF CEMETERY OR CREMATORY  View Cemetery	23d. LOCATION CITY OR TOWN Sharpsburg	COUNTY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

April.

MONTH

Mary Amanda

MIDDLE

Amanda

REGISTRAR Hoffman

FOR STATE

1 DECEASED NAME

terminals in the matrix of sauce .4.1. Suver Dept. Store Maryland Tashington Econstors 2 Route # 2 Box 334 of 14 Charles Franklin Sr Hartha Shanda Gravaco

121740

· since

- S78-17-2611 Louise V. Ser Wonstono, No. 21713

ing statement, Hd. Andrew M. College Function . Howe, inc. requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

00-02851

STATE OF MARYLAND

REG. NO.	1	2	3	
OF DEATH	ONITH DA	W WEAR	01 110110	

1.	STATE REGISTRAR			DEPART		ICATE OF DEATH	GIENE	B BE NO		2 5	3 4
	CHASED NAME	F145.0		WIDDLE	(	AST	20. DAT		MONTH DA	AY YEAR	26 HOUR
1111	DR MINT)	John	1	Roy	36	nes .Sm.	14	- 5- 8	6		35% "
3. 5E			4 RACE		5. DATE C	OF BIRTH	6 AGE	(IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
	MALE	150	Whi	te	OI	- 25 - 12		74	YRS	S. A. S.	, 1100k3
	RTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D NEVER MARRIED	9 BALTI	IMORE CITY OF	COUNTY	OF DEATH	
	SSOURI		UNITED	STATES	WIDOWE		h	VASHINGT	ON,		MC
10. C	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN		ROTHER INSTITUTION		JAL OCCUPATION			F BUSINESS OR
1	Agerstown		Washing	das Cour	ly Hos	latiq	RET.	OCCUPATION			RUCTION
130. S MAF	AL RESIDENCE (IF NO STATE YLAND	13b COUN		HANCOCK	/N	13d INSIDE CITY EIMITS? YES NO 🔏	ROU	EET ADDRESS /	ZIP CODE	2	21750
14. FA	THER'S NAME		MIDDLE	LAST	_	15 MOTHER'S MAIDEN NA	AME	MIDDLE		LAS	, DDC
11-1	HENRY		HADRIC	JONE		GEORGIA 17 INFORMANT		ANN	22		ARDS
	VAS DECEASED EVE (ES, NO OR UNKNOWN) YES		MED FORCES? (E WAR OR DATES)	166. SOCIAL SECT			WARD	HANCOC		GH STRE	EET 2175
	18 CAUSE OF DEA	ATH (Enter on	ly one cause pe	line for (a), (b), gr	nd Ichil		2			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI. DEATH		E CAUSE (o)	Caral	OGUTA	routy att	est				
			DUE TO, C	R AS A CONSEOU	ENCE OF	. /	, 1.	-1	,		
	Conditions, if ar		(b)_	pan	crenti	C CANCEL W	live	r metast	ases		
	couse (a), sta	ting the	DUE TO, O	R AS A CONSEOU	ENCE OF						
			(c)				-				
z	PART 2 OTHER ST	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DIS	EASE OR CONE	ITION GIVE	N IN PART 110	a
ATIO	19a DATE OF OPER	ration	TALION COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	AUTOPSY?	JAN IF YES	WERE FINDIN	ICS USED
CERTIFICATION	THE DATE OF CHER	ATION	170 COND	more rok winer	OLLKATIO	IT WASTERI ORMED			IN CERTIFY	ING CAUSES	OF DEATH?
ERT	21a. ACCIDENT WAS L	INDERLYING F	1 21b. TIME C	OF INJURY		21c HOW INJURY OCCUP	RRED (ENT		YES		ио 🗌
	OR CONTRIBUTING	CAUSE OF DEA	HOUR A	M. MONTH D	AY YEAR		(6.11)	EN THAT OF HAJON			
EDICAL	114 INJURY OCCU			M. OF INJURY	19	211 LOCATION					
WE	WHILE NOT	WHILE		REET FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOV	VN	COUNTY	STATE
	22a I certify that		tal) attended th	ne deceased from_		, 19	, to_		, 1	9	that (1) (we) last
	saw the dece	ased alive an	t) view the ledy	ofter death	, ar	nd that in (my) (our) opinion	death occ	curred on the da	te and haur	and fram the	causes stated
	TH SIGNATURE	r (did ) (did ) (d	97	Control Control		DEGREE	,		- 1 - 1	22c. DATE	SIGNED
	New	ena	de	ugan		ATTENDING PHYSICIAN	MEDIC	TOR PHYSIC	F IAN []	4-3	5-86
1	210 PHYSICIAN'S	NAME (TYPE O	OR PR	1		22e ADDRESS					
	LADRE	NCE	GREE	NS GOON		130 W. HJ6	# 8	T +14	reach	( MD	21750
	BURIAL, CREMATION	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d L	OCATION CITY OR TOWN		COUNTY	STATE
	BURIAL	1000	4/8/19	986 ST	. THOMA			MCOCK W	ASHIN	STON A	4D
24 F	JNERAL DIRECTOR	- 112	9/- 1/3	ADDRESS		25a DA	TE REC'D.	BY REGISTRAR	756 REGISTR	AR'S SIGNAT	URE

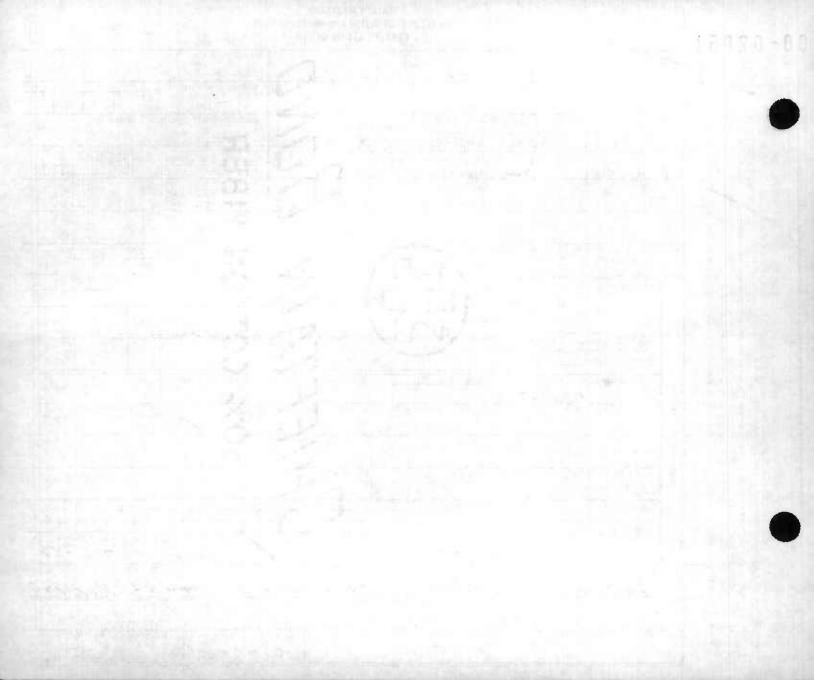
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the otherdring physician and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaind. IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical

ADDRESS

APR 0 8 1986 Julie Davidson-Randes



(VRA 15, 4)

Fuheral

Home

Smithsburg.

STATE OF MARYLAND

es that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

00-05498

illed by the funeral director, page 3 and the filed with 72 hours after death

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	1 2	3	3/	
	CEASED NAME CLA	dya	s Lo	AIDDLE UISE	Lau	LAUPERT PETT	2a. DATE O	OF DEATH MONTH	19 1	YEAR 2b	5:10AM	
3. SE	Female		1. RACE	wian	S. DATE C		-	YEARS LAST BIRTHDAY)	MONTHS RS.		OURS MIN.	ì
	RTHPLACE (STATE OR F COUNTRY) aryland	ORE IGN	U.S.	A.	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED		ore city <u>or</u> cou shington	INTY OF DEA	ATH	MD.	
	TY OR TOWN OF DEA gerstown	тн	HE NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A gton Coun	ADDRESS)	or other institution ospital	TYPE OF WO	OCCUPATION RK FOR MOST OF WORKIN SEWIFE	ING LIFE) INDL	CIND OF BUSTRY	SUSINESS OR	
	AL RESIDENCE (IF NURS) STATE Md.	136 COUN Wash	1TY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN WILLIAMS	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET 2414	ADDRESS / ZIP C	ODE Ave.		ox 84 2, 2179	)5
14 F/	Elmer		MIDDLE -	Anthon	ıy	15. MOTHER'S MAIDEN N	NAME	WIDDLE	ŋ	roxe.	11	
	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	705-10-4	754A	Mr. Adam F.	Lauper	ADDRESS rt, Willi	amspor	rt, M	d.	
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter or AS CAUSE IMMEDIA)	D BY	Bone 1		ostaves			BE Y	APPROXIMATIVEEN ONS	TE INTERVAL SET AND DEATH	
	Conditions, if ony, gave rise to imm couse (a), statin underlying couse	nediate g the	(b)	RAS A CONSEQUE	1 (1	arcinomo			4	15.		,
NOIL						NOT RELATED TO THE TE						:
CERTIFICATION	19a DATE OF OPERAT	10N			OPERATIO	N WAS PERFORMED	YES	NO IN CE	F YES, WERE ERTIFYING C. YES	AUSES OF		
MEDICAL CEI	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	din -	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCU	JRRED (ENTERN	ATURE OF INJURY IN ITEA				
ME	WHILE NOT WHAT WORK 220.1 certify that	RK 🗆	( AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	G to	4/19	10 80	o the	STATE	
	spw the dec un	of plive on	iew the body	19 6		DEGREE			I hour and fro	DAY SIG	()	
	22 PHYSICIAN'S NA	AME (TYPE C	Cha	nou m.	0.	ATTENDING PHYSICIAN  220 ADDRESS  363.5.	Cleve	PHYSICIAN [	Lip. t	119	186	1
	BURIAL, CREMATION, (SPECIFY) Cremat		23b. DATE Apr. 19			EMETERY OR CREMATOR	y 23d LOC Cy Smi	Y OR TOWN	Wash"	Md.	STATE	
	Davis Fune	tem ral H	ome Shi	thsburg.	Md.2	25a. D	ATE REC'D. BY	REGISTRAR 25b. RE	GISTRAR'S SI	IGNATUR	E	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remaye earth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, error.

injury, ar ather traumatic

IMPORTANT: If Item 21 is marked or Item 18 show

JEJUS 25 100 ST 4 19 10 514 2761 9 11 HAMMED TO POLE ! and the second s out outside facilities and outside and out Linux. the state willie the same of the court of th Bross La mone 0-21 04/4-28 23=15 34/4 OF Charles Charles in the Secretary Sept Helenthan in the tender course the later the party of Living a control of the control of t

DIVISION OF VITAL RECORDS, 201 W.

FOR

female

Maryland

O. BIRTHPLACE ISTATE OF FOREIGN

- STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

3. SEX

MEDICAL

# STATE OF MARYLAND

Jι

Idella

white

U.S.A.

7b. CITIZEN OF WHAT COUNTRY?

4. RACE

(IF YES, GIVE WAR OR DATES)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

KITFICATE OF DEATH	REG. NO.	Euro and		
LEITER	AORIL	1 86	26. HOUR	,
ATE OF BIRTH MONTH 11y 6, 1884	6. AGE (IN YEARS LAST BIRTHDAY)  101 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HR	-
ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE CITY <u>OR</u> COUNTY Washington			V
OME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE		F BUSINESS C	)

B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HO Washington County Hospital Hagerstown housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. STATE 13b COUNTY 18c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Washington Hagerstown 1715 Fountain Head Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Munn Bradford Samuel Lillie Houston 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT

213-74-9658 Mrs. Phyllis Heatwole, Pittsburg, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY: millimontal IMMEDIATE CAUSE AL ON COUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse CONTRIBUTING TO DEATH BUT NOT RELIMED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

90 DATE OF OPERATION 19b. CONDITION FOR WH ICH OPERATION WAS PERFORMED 200 AUTOPS IN CERTIFYING CAUSES OF DEATH? NO YES T

21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(our) opinion death accurred on the date and hour

211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN COUNTY STATE

220.1 certify that (this haspital) attended the degeosed from sow the deceased of obove, (i) (we) (did) 22b. SIGNATURE

22e ADDRESS

ATTENDING STAFF DIRECTOR | PHYSICIAN PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

WHILE NOT WHILE

burial

23¢ NAME OF CEMETERY OR CREMATORY Apr. 15,1986 Rose Hill Cemetery 23d. LOCATION CITY OR FOWN

Hagerstown, Wash., Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Maryland 2174

### STATE OF MARYLAND

B S REG. NO.	1	2	5	3	6
	-				

	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT		NE B S. NI	0.	2 5	3	9
-		30 DO IL TI	Hazel		A	Low	_	2	O DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR	A <sub>M</sub>
		emale		RACE White			1, 1, 1899	EAR	AGE (IN YEARS LAST BIR	YRS	FUNDER I YEAR	IF UNDER 2	MIN.
1	Ke	THPLACE (STATE OR FOI DUNITRY) edysville,	Md.	U. S.		MARRIE		ED 🗌	Washingto	on			MD.
1	H	Y OR TOWN OF DEATH		Washi	hgton C	ounty 1	Hospital		120 USUAL OCCUPATION TO THE CONTROL OCCUPATI		126. KIND O	Hom	SS OR
)	Ma			ngton	BOORSD		13d. INSIDE CITY LIA YES NO [		3e.STREET ADDRESS A	ZIP CODE	2171	13	
5	14 FAT	D. FIRST	Frank	DLE	Mille	r	15. MOTHER'S MAID Kat		WIDDLE		Downes	7	
	No.	AS DECEASED EVER IN	U.S. ARME (IF YES, GIVE W		214-46		Bast Fune	ral I	Home Record		onsbor	, Md	l.
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only of S CAUSED E MMEDIATE (	BY:	line for (a), (b), (	-	orcia				~ 1	MATE INTERVI	/AL DEATH
		Conditions, if any, a		DUE TO, OF	Consequence AS A CONSEQ	Ctcuo	Havet	-44(1	ulae .		4	4	
		couse (o), stating underlying couse	the last	14.					t Dicates			27	
		PART 2 OTHER SIGNI	3 70										
3	CERTIFICATION	90 DATE OF OPERATE	NC			CH OPERATIO	N WAS PERFORMED		YES NO	IN CERTIFY YES	WERE FINDIN		H?
9		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY (	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)		
	ME	21d INJURY OCCURRE		21e PLACE (	OF INJURY EET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	ST	ATE
		220.1 certify that (1) (t sow the deceased above, (1) (we) (die				0.	, , , ,	opinion de	to, to		ond from the		
,		226. SIGNATURE	Jun		when t		DEGREE ATTENE PHYSIC		MEDICAL STAI		22c DATE :		
		John Ho			M. D.		220 ADDRESS <b>E.</b>	Firs	t St., Hag	erstow	n, Md.	217	10
		PRIAL, CREMATION, RE		236 DATE 4-5-8	23		EMETERY OR CREMA		23d LOCATION GITY OR TOWN Hagerst	own, Wa	ash. Co	o., N	ſď.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows

John A. Bast, Jr. Boonsboro, Md.

APR 0 8 1986

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Jan. 1, 1899

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Outle . Miles St., Huderstoom, M. 21740

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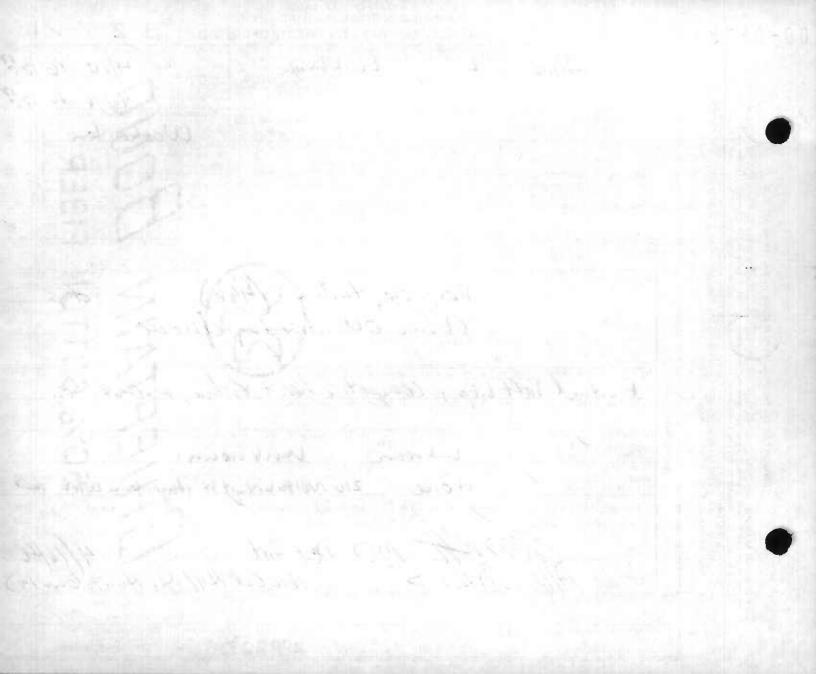
Holm .. Ref. .r. Booksbord, L. 21715

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Trul

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O 11-14877 REGISTRAR DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) ESTI-IVEV Norwood DEATH MATED ONG 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD April 1, 1912 74RS To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYL Washington West Virginia U.S.A. WIDOWED DIVORCED I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Hagerstown Washington County Hospital electrician TAIN PA electric Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21740 Maryland Washington Hagerstown NO [ 85 Nottingham Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Clayton Ada Long Dermer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) W.W. II 214-07-2827 Mrs. Helen Long, Hagerstown, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY rudden IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF 1050 210385 Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR PAFES DEATH, WITHTHE STABLISMORE, MARYAND 2 22a. I certify that I took charge of the remains described above, held an death resulted from: Picturalicauses Undetermined manner TITLE (SPECIFY SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Apr21,1986 Indian Mound Cemetery burial West Virginia 07/84 Romney, GUILLIARS IGNA 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME **DHMH** - 17 (VR A15 ME (5)) 415 E. Wilson Blvd., Hagerstown, Maryland 21740

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-04630 CERTIFICATE OF DEATHO MEDICAL EXAMIN REGISTRAR 1. DECEASED NAME Lillie KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE LAST BIRTHDAY) PRONOUNCED June 30,1905 DEAD female white 80 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Maryland WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK) 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Hagerstown Washington County Hospital clerk aircraft SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 216 N. Locust St. Washington Hagerstown YES X NO [ 21740 Maryland 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST Frank Lushbaugh Lillie Baker GIENE, DIVISION O 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS IYES NO OR HNKNOWN) 217-10-2785 Lena M. Allen, Hagerstown, Md. No APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMO Conditions, ony, which gave rise to immediate couse (b) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190. DATE OF OPERATION 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOWN SECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER DEPARTMENT OF SHOULD BE USE SHOULD BE USE AFTER DEPARTMENT OF SHOWN YES [ NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 POR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. Lank on Down 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy and in my opinian depth resulted from: Natural causes Accident Suicide Hamicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY burial Hagerstown, Wash., Maryland Apr. 19, 1986 Rose Hill Cemetery 07/84 BP 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))



	STA	TE C	OF M	ARYL	AND	
PARTMENT	OF	HEA	LTH	AND	MENTAL	HYG

SIENE O DEF

FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2542
1. DECEASED NAME FIRST (TYPE OR PRINT) ELSIE	TOUCHTON	MC ALLISTER	April 10, 1	26. HOUR 1986 7.000 M
3. SEX Female	4. RACE White	5. DATE OF BIRTH  MONTH DAY  Oct. 29, 1902	6. AGE (IN YEARS LAST BIRTHDAY)  83 YRS	FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	2 2 2 2	
10. CITY OR TOWN OF DEATH  Hagerstown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 12 South Wal		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. STATE 13b. COU	prother institution give residence before INTY 13c. CITY OR TOW <b>hington Hagers</b>	N 113d. INSIDE CITY LIMITS?	130 STREET ADDRESS 12 South Wals	21740 nut Street
FIRST	Evan Toucht	FIRST	Etta	Grason
160. WAS DECEASED EVER IN U.S. AL (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU 176 WAR OR DATES! 220-30-		APO62 S Mc Allister B	S. Potomac St. Hagerstown, Mo
	rantelline	ENCE OF alle	elecen rorden mina, disease or condition of	Undland Undland
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	ann I	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 11	8 PART 1 OR PART 2)  COUNTY STATE
270. I certify that (I) (this hosp sow the deceased alive or above, (I) (ma) diel (did no 27b. SIGNATURE	oital attended the deceased fram Land Let 19 de attended the bady after death.  Let Market Let 19 de attended the bady after death.  Let Market	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 45	MEDICAL STAFF  OHRECTOR PHYSICIAN   W. Wis Sharp	. 19 86 . that (I) (we) lost
230. BURIAL, CREMATION, REMOVAL (SPECIFY)		ithsburg Crematory	23d LOCATION CITY OR TOWN  OF 111 Smithsh	COUNTY STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as with the State Dept. of Health MPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR:

Cremation
24 FUNERAL DIRECTOR A.K. Coffman Funeral Home, Inc.

Smithsburg Crematorium Hagerstown, Md.

ematorium Smithsburg Wash.
150. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

wandon-Rendess

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Smith Phir Tronatorium Stithsburg, lash., Mc.

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a.K. Corress tuneral some, inc.

1002 S. Fotowed Mt.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH VCEC MC 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER I YEAR HOURS 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT MARRIED NEVER MARRIED COUNTRY) Washington WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Hagerstown tousew ite Western Maryland Center 13a. STATE 13e STREET ADDRESS / ZIP CODE YES W A FATHER'S NAME 15 MOTHER'S MAIDEN NAME OHNSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NOWNUNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR Canditions, if any, which gave rise to immediate cause (a), stating the

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CERTIFICATION

MEDICAL

WHILE

225 SIGNATURE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

underlying cause last

190 DATE OF OPERATION

71a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

above, (1.(46) (did) 000 000 000 00

George R. Snowden

220.1 certify that 30 (this haspital) oftendership saw the deceased alive an

4-24-86

23b. DATE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED

716 TIME OF INJURY

P.M.

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

23c. NAME OF CEMETERY OR CREMATORY

RockVille, MD 2085

DEGREE

211 LOCATION

22e ADDRESS

STREET

ATTENDING

PHYSICIAN

23d LOCATION

, and that in (myxxxx) apinian death occurred on the date and have and from the causes stated

DIRECTOR PHYSICIAN

200 AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

YES [

NO

CITY OF TOWN

STAFF

DISEASE OR CONDITION GIVEN IN PART 11a

22c. DATE &

20b. IF YES, WERE FINDINGS USED

COUNTY

YES

IN CERTIFYING CAUSES OF DEATH?

NO T

STATE

Parklawn Mem. Park Rockville, Montg. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Washington

MEDICAL

U.S. T. J. D. = B U. The whole a start the stand ( F. As Syportainer 12 years) Ever -1, 1/2/1/1/5/ Byof 3 . 30 DR /19/14 18/8/12 18/6/19 24-400/4 - 4 2 2 2 2 1 F140 N.F 1114

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	1	2	5	4	4
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DECEACEDAN						REG. NO			
DECEASED NA	AME FI	rST .	MIDDLE	i	AST	2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(TYPE OR PRINT)	Cha	rles	Harold	Me	Kinsey	April 16,	1986		6: 200.
3. SEX		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Male		Whi	te	Feb.		78	YRS.	DATS	HOURS MIN.
o. BIRTHPLACE		GN 76. CITIZE	N OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY C	FDEATH	
Marylan	nd	U.	S.A.	WIDOWE		Washin	gton		м
in city or tov		11. NAM 2416	e of Hospital, Nursin Insuchfacility, give street Paradise D	G HOME ( ADDRESS)  rive	OR OTHER INSTITUTION	126 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Salesman			orn
	NCE (IF NURSING F	COUNTY Wash.	Ita CITY OR TOW Hagersto	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2416 Parad	ZIP CODE		21740
FATHER'S NA	CT	WIDDLE	McKinse	у	15. MOTHER'S MAIDEN NAM Nettie	ME MIDDLE		Warbe	'n
6a WAS DECEA	ASED EVER IN L	J.S. ARMED FOR	CES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
(YES, NO OR UN	NKNOWN) (IF	YES, GIVE WAR OR DA	214-09-6	647	Mrs. Jane E.	McKinsey,	Hagers	town,	Md., 217
gove ris couse ( underlyin		ote the ast.  CANT CONDITIO	TO, OR AS A CONSEQUE  (c)  S CONTRIBUTING TO B  ONDITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM  HIS PAGE  IN WAS PERFORMED	TINAL DISEASE OR CONI		N IN PART 11	
S ING. DATE	OF OPERATION	1 IAD C	ONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOF 31:			
Ē						YES NO	YES	_	NO [
OR CONTRI (IF EITHER 21d INJUR	DENT WAS UNDERLY HBUTING CAUS R, NOTIFY MEDICAL E RY OCCURRED	E OF DEATH HOL XAMINER) 21e. P	IME OF INJURY  JR A.M. MONTH DA  P.M.  LACE OF INJURY  OME. STREET, FACTORY, OFFICE, F	19	211 LOCATION STREET		YES		
OR CONTRI (IF EITHER 21d, INJU! WHILE AT WORK [22a   cert sow	RY OCCURRED  NOT WHILE AT WORK  Tify that Which  The deceased	E OF DEATH HOLE XAMINER)  21e. P (AT HO.E)  s hospitol) offenouslive on	P.M. LACE OF INJURY	ARM, ETC.)	211 LOCATION	RED (ENTER NATURE OF INJURE OF INJUR	YES RY IN ITEM 18 PAR	COUNTY	STATE
OR CONIETE (# EITHER 21d. INJUI WHILE AT WORK 22a. I cert sow obow 22b. SIGN	RY OCCURRED  NOT WHILE AT WORK  tify that (1) the the arceaspar	E OF DEATH  XAMINER)  21e. P  (AT HC)  s hospital) attendible on  (did not) view the	P.M. LACE OF INJURY OME, STREET, FACTORY, OFFICE, F	19 ARM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJURE OF INJUR	YES RY IN ITEM 18 PAR WN  The ond hour of	COUNTY	STATE that ((we) la
OR CONJETE (IF EITHER ZID IN JUE WHILE AT WORK ZID I CEPT SOW OBOW ZID SIGN	REDITING CAUSE, NOTIFY MEDICALE RY OCCURRED NOT WHITE FIFTY THAT THE AT WORLD THE A	E OF DEATH  XAMINER)  Zie. P  (AT HO  s hospitol) ofteno (did not) view the	P.M. LACE OF INJURY OME, STREET, FACTORY, OFFICE, F ded the declased from 19 Local office death.	ARM, ETC)	211 LOCATION STREET  19  19  19  19  DEGREE  ATTENDING PHYSICIAN	CITY OR TO	YES RY IN ITEM 18 PAR WN  The ond hour of	COUNTY  COUNTY  Pond from the	state that (V(we) locauses stated
OR CONTRI (IF EITHER 21d, IN JUI WHILE AT WORK 22d, Cert 50W 22b, SIGN 22d, PHYS	REDITING CAUSE, NOTIFY MEDICALE RY OCCURRED NOT WHITE FIFTY THAT THE AT WORLD THE A	E OF DEATH HOL XAMINER)  21e. P (AT MC)  s hospitol) oftence on (did not) view the (TYPE OR PRITE)  AOVAL 23b. DA	JR A.M. MONTH DATE OF THE PROPERTY OF THE PROP	ARM, ETC)	211 LOCATION STREET  19 80  nd that in (rby)(our) opinion  DEGREE ATTENDING PHYSICIAN  22e ADDRESS  LEMETERY OR CREMATORY	CITY OR TO	YES BY IN ITEM 18 PAR WN  wn  file ond hour of	COUNTY	STATE that (V(we) locauses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After should be detailed for use out with the State Dept. of Health or UNPORTANT, if them 21 is marken.

Davis Funeral Home, Smithsburg 10 21282

250. DATE REC'D. BY REGISTRAR'S SIN

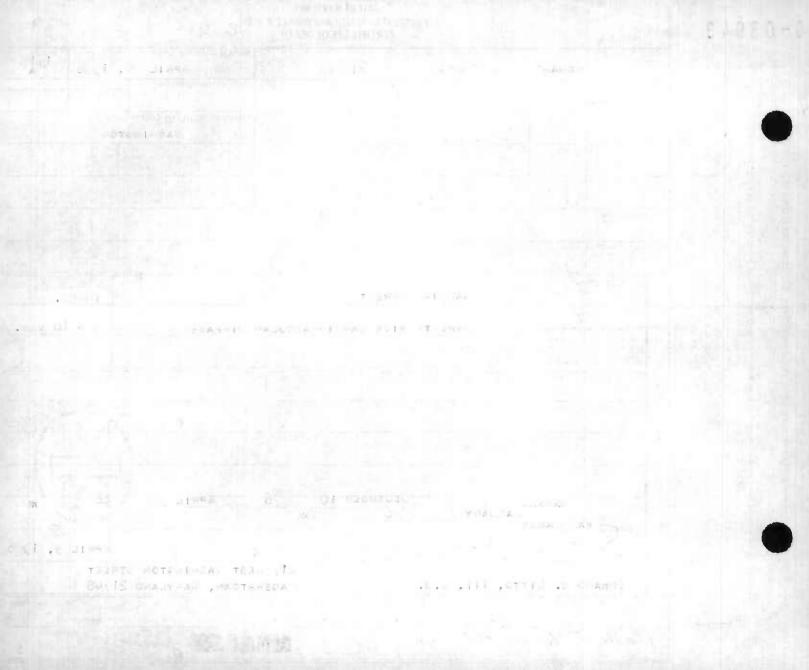
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(VRA 15, 4)



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		1					E OF MARYLAND		TIP'L	70	4 4
0 -	03943	1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	. ! 2	2	40
			CEASED NAME FIRST	Т	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	ed y		HOWAF	RD	THOMAS		ILLER	APE	≀IL 9,	1986	M A
0	ge 4 mo	1. SE	MALE	4 RACE Whit	e	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN
0	Po 41 87		RTHPLACE (STATE OF FOREIGN	76 CITIZEN	OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
	deoth		arvland	U	.S.A.	WIDOWE		WA	SHINGT	ON	MD
10	s ofter d	1	TY OR TOWN OF DEATH  Serstown	11. NAME (		ET ADDRESS)_	spital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF FORK Lift	F WORKING LIFE)	126. KIND OF INDUSTRY Auto	F BUSINESS OR
(ND 212	24 hour	Mar Mar	AL RESIDENCE (IF NURSING NO TATE 136 C	me or other instituted ounty	13c. CITY OR TO Myersv	ore admission)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 12227 Harp	Hill F	Road 21	1773
3.77	4 42 EM	14. FA	THER'S NAME	WIDDLE	1467		15 MOTHER'S MAIDEN NA	ME			
MA	Pa Pa AUC	Ro	scoe	L	Miller		Margaret	AMIDDLE		Gaver	
BALTIMORE, MARYLAND 21201	oe execut		VAS DECEASED EVER IN U.S.	S. ARMED FORCES S, GIVE WAR OR DATES			Ruth L. Mill	er 12227 H Myersyi	arp Hil		
BALI	of a large		18 CAUSE OF DEATH (Ent	er anly ane cause	per line far (a), (b),	and (c)			Water to the	APPROXIA BETWEEN C	MATE INTERVAL
ST.	ompo	10	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARD LAC ARREST							IMME	D.
NO	th ce ndire corbi			DUE TO	OR AS A CONSEC						
REST	death attend ave ca atian, a		Canditians, if any, which		HYPERTER	18 IVE	ARDIOVASCULAR	DISEASE		5 -	10 YRS.
	1 W. PRESTON hot the deoth ce by the ottendin ase remove cort il, cremotion, or other troumotic		cause (a), stating the	DUE TO	, OR AS A CONSEC	UENCE OF					
RDS, 201	equires the signed Then ples to bure injury, ar	NO	PART 2. OTHER SIGNIFICA	ant conditions	CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	
DIVISION OF VITAL RECORDS,	he law re ian. has been t permit	CERTIFICATION	190 DATE OF OPERATION	19b CO	NDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [	NG CAUSES	GS USED OF DEATH? NO
VII.	SICIAN: TI ng physicia certificate rial-transi ental Hygi frem 18 sh	-	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE		E OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJUS	Y IN ITEM 18, PART	1 OR PART 2)	
ō		S	(IF EITHER, NOTIFY MEDICAL EXAM	AINER)	P.M.	19				2000	
IVISIO	offending offer this ps the but hand M sirked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME	CE OF INJURY STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TOV	M	COUNTY	STATE
-	NDIII ol or or use Healt is ma		22a.1 certify that (I) (206)					, ta_APRIL	9 19		hat (I) ( <b>M</b> ) last
	ATTE aspite d'for d'for m 21		saw the deceased alicabove, (HXX) (did) (X	XXX view the bo	ody after death.	, 01	nd that in (my) 🕊 r) apinian	death accurred an the de	ate and haur a		19-19-19-19-19-19-19-19-19-19-19-19-19-1
	TO HOSPITAL OR A retained by the hair TO FUNERAL DIRECTOR Should be detached with the State Dept.		226. SIGNATURE Suras	PW.	Disto	-III H		MEDICAL STAI	IAN 🗌		9, 1986
	OSPI ed b UNE d be d be RTAI		20 PHYSICIAN'S NAME					EST WASHING			
	O HOSPITAL eterined by 1 TO FUNERAL should be de- with the Stork MPORTANT;		EDWARD W.					STOWN, MARY	LAND 21	740	
	BP	15	urial, cremation, remo Burial		1,1986 M	t.Zion	U.M. Cemeter				
	DHMH - 16 50M 1/76 (VR A 15 (4) )	1	ketts Funera	I Home	ADDRESS Myersvill	e, MD	10 E	ERECO, BY REGISTRAR	esh REGISTRA		REUSE



	STATE OF MARYLAND	
10-04049	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.	254/
· · · · · · · · · · · · · · · · · · ·	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
9 7	Audrey Anna Monninger April 13, 198	86 M
ou Da	1. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
4 94	Female White Dec. 2, 1914 71 YRS.	MONTHS DATS HOURS MIN.
Po de de la companya	BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8	OF DEATH
4 16 50	Maryland U.S.A. WIDOWED M DIVORCED Washington Co	ounty MD.
D 1	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10 40 50 10	Hagerstown Route # 4 Box 231 (TYPE OF WORK FOR MOST OF WORK FOR	TINDOSIKI
MARYLAND 2120 ed within 24 hours miplionly filled in by and 2-should be foll	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS	21740
24 24 ND		Box 231
The same of the sa	14. FATHER'S NAME  FIRST MIDDLE LAST FIRST MIDDLE	LAST
, MAI	Jacob Durboraw Minerva	Robison
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ROUTE	e # 4 Box 231
BALTIMORE, tote be execu- systican and of appers. Pages vol.	No 214-09-9901 Earl M. Dofflemyer Hager	rstown, Md.
SALT ote to sicio opers ool.	18 CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FT., 8	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) KESPINATONY FAILURE	
ON Sorbing or r	DUE TO, OR AS A CONSEQUENCE OF	
PRESTON The death of the offendin semane cork motion, or throumotic	Conditions, if any, which ( (b) PCCUARL EFFUSION	
. + + 200	gove rise to immediate couse (a), stating the DUE TO, OFT AS A CONSEQUENCE OF	
ol W. P that the d by the lease rer ial, crem	underlying cause last. (c) BRCAST CANCER METARTARES TO PLEU	<b>ル</b>
res gane	PARTS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	PEN IN PART Ha
PRD requ	& HRTEAIUSCLEAUSIS, DIABETES MELLITUS, CONGESTIVE H	GANT FAILUNE
RECORDS  low requi so been signermit. The eprior to let only injured.	190. D'ATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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VISIOI The Pit The bit ond M	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
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OR AT DIRECT DOCKED TO THE	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	22c. DATE SIGNED
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OSP eed to UNE Id be the SATA		- crown Mich.
TO HOSPITAL I retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT.	STEPHEN E. METZNER, MD 1803 HOWELL RO, HAGE	V1/0000
	236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial 4-16-86 ¢edar Lawn Mem. Park Hagerstown	, Washington, Mc
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR  AMAGE  AM	TANDICKMAN
(VRA 15, 4)	A.K. Coffman Funeral Home. Inc.	

Audrey Anna Monniager April 17, 1986 Dec. 2, this little Waryland U.S.A. Reshington County bageratown Loute # 4 Hox 231 Housewife

21780 Marylkadn Washington Maceratows X Route # 4 90x 231

Ecute # # mduca DELL'S-SONE Carl K. DoffLonyer Hagnerstown, Nac.

Buttel dela-56 Cecar Leva Cos. Pork Hagoretova, Vashington, M. Laugestown Mc. A.K. Coffman Funeral Some, Inc.

STATE OF MAKILAND									
DEPARTMENT	OF HEALTH	AND ME	NTAL HYGIE	NE					
CF	RTIFICAT	E OF DEA	ATH						

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	REG. NO.					

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ed within	14 FA	ATHER'S NAME Robert	WIDDLE	Moore		Mabe Z	WE	Cć	rwell
n and co		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES, NO	ARMED FORCES? GIVE WAR OR DATES)	216-22-8		17 INFORMANT Colleen Leve	y, Hagerstown,	Md.	727
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TO HOSPITAI cetained by t TO FUNERAI should be de- with the State IMPORTANT:		22d PHYSICIAN'S NAME (1)	E OR PRINT)	Purs		PHYSICIAN L 22e. ADDRESS 339 E.	Infiction Physician _	81 . to	kgus
Of Off Williams		BURIAL, CREMATION, REMOV.	AL 23b. DATE			METERY OR CREMATORY	23d LOCATION CITY OR TOWN Hanging + 02.79	Wach 1	Mary Tare

DHMH - 16 60M 7/84 (VRA 15, 4)

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR
NAME
415 E. Wil Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-06137 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MONTH L DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTS 1/2/1986 DORO THY ANN MORROW 10:30 4. RACE 5. DATE OF BIRTH 6. AGE IIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX YEAR 4/30/1932 White Female 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE / STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S.A. Waynesboro. PA Washington Co. Hagerstown. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hagerstown Washington Co. Hospital bar maid tavern USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MD Washingtown Hagerstown 27 East Washingtown Street YES X NO [ 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST Bertha James Morrow Baker 166 SOCIAL SECURITY NO. 17. INFORMANT 17250 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 208-24-4716 Mrs. Clarence Downin Box 118 Rouzerville. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 710. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram\_ sow the deceased alive on abave, (1) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE 22e ADDRESS mb Nagerstown, Md 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Burial Green Hill Cemetery Waynesboro Franklin. Waynesboro. PA 17268 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 David Y. COVELL Broad St. (VRA 15, 4)

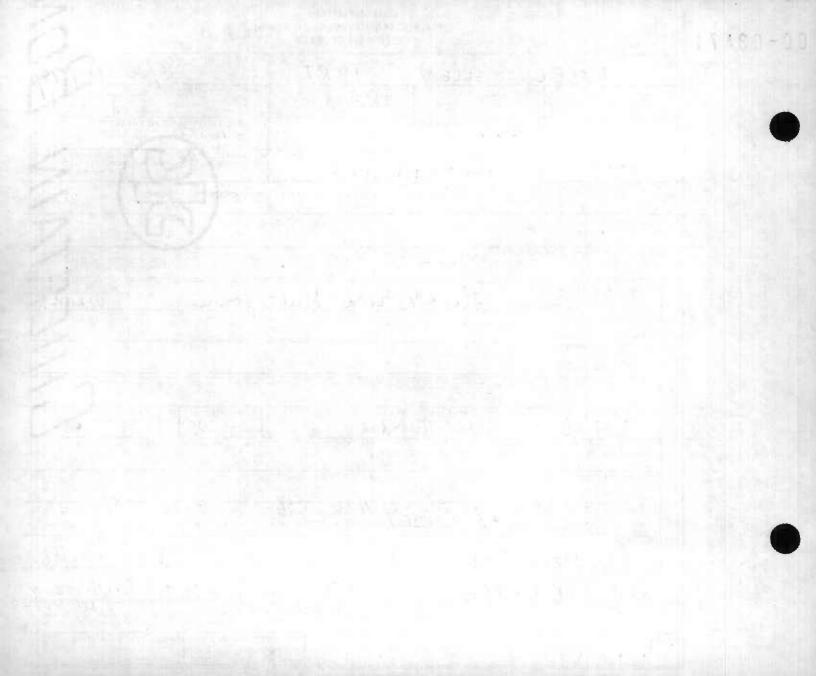
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(VRA 15, 4)

0-03471	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REME & 6	1 2 5	5 0
4 moy be tor, page 3 offer death		CEASED NAME MARKET	ELLENLEN	MC S. DATE C	PRTMORT	20 DATE OF DEATH MONTO	49/186/86/	HOUR 15 PM
ge 4 m	1	FEMALE	4 RACE WHITE	~1C	1/09/35 YEAR	50		OURS MIN,
death. Po	10.7	MARYLAND	16 CITIZEN OF WHAT COUNTRY?	WIDOWE		BALTIMORE CITY OR CO		MD.
by the fa	10 C H	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN WESTERN FAMD GMEHOS Western Mary.	PIFAL Land (	CENTER Center	120. USUAL OCCUPATION HOUSEWERE OF WOR	RKING LIFE) 126 KIND OF BI	
filled in			PERICK   KEYMARROW	E ADMISSION)	131 ( SIDE CITY LIMITS?	17432 PRENNER	RD. 2	21757
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be execu		VAS DECEASED EVER IN U.S. AR (IF YES, GI	MED FORCES? 166 SOCIAL SECULE WAR OR DATES) 213-40-2	2410	FRANKLIN E.	MORT 124	32 RENNER RI	
equires that the death cert signed by the attending Then please remove corbon to burial, cremation, or re rijury, or other troumatic e	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITIC	ON GIVEN IN PART 110	
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR DOWND. HARTZLER	WOODS	BORO,		E REC'D. BY REGISTRAR 256. F		



injury, or other

IMPORTANT: If them 21 is morked or them 18 straws ony

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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40	REG. NO.				

	REGISTRAR			. CKIIII	CAIL OI DEATH	REG. N	D.			
	PECEASED NAME FIRST	· In	MIDDLE	35%	SURG	20. DATE OF DEATH	MONTH DAY	Y YEAR	26. HOU	R 77 n.
3 5	FX	4. RACE	11/0	DATEO	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER	24 HRS
V	Female	Whi		oct.		77	YRS.	INTHS DAYS	HOURS	MIN.
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-	Maryland		S.A.	VIDOWE	DIX DIVORCED	Washing	aton !	Coun	14	MD.
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSING INFACILITY, GIVE STREET ADD		R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF Sales La	F WORKING LIFE)	Sto	hing	SS OR
130	UAL RESIDENCE (IF NURSING HOMEO). STATE		GIVE RESIDENCE BEFORE ADD 13c CITY OR TOWN Frederic		13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	zip code		701	
N.	FATHER'S NAME Frederick	A. Br	owning		15. MOTHER'S MAIDEN NAM Esther	Middle Mae	•	Sh	owe	4
6a	WAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	217-10-9	Y NO.	17 INFORMANT Picho	rd C. Boo	one 217	318 W	. в.	St
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per					H	APPROX BETWEEN	MATE INTER	DEATH
		TE CAUSE (o)	Total	Sys	tems failure	)				
NO	Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c)	r as a consequenc	E OF	Cancer ( N		DITION GIVEN	N IN PART 10	0	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		OF DEAT	TH?
FRI	NONE	7 216. TIME C	F IN ILIRY		21c. HOW INJURY OCCURRE	YES NOW	YES PARTIES AND BART	T 1 OR BART 2)	NO [	
	OR CONTRIBUTION OF BUILDING	ATH HOUR A.	M. MONTH DAY		- Control occorde			T ON T ANT 27		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P. P. PLACE	M. NONE	19	211. LOCATION					
ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FARM	i, ETC )	STREET	CITY OR TO	~~	COUNTY	S	TATE
	sow the deceased alive or obove, (I) (we) (did) (did no	4-12	-86 19	2-1;	<b>3–86</b> , 19	eoth occurred on the de	. 19		that (1) (v	
	226 SIGNATURE	12,	Ban		DEGREE	MEDICAL STAT		22c. DATE		
	W.W.	aced 1	7000			MEDICAL STAI	IAN	4-1	2-86	)
	William W		M.D.		411 Divisio	n Avenue	Hager	rstow	n, N	ld.
23a	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		COUNTY		hate _
	Burial	Apr.1	6,1986 F	red.	Mem. Park	Freder:	ICK Fr	eder	1CK	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

HOSPITAL

BP.

106 E. Church St., Fred. Md. 21701

Apr. 16, 1906 Fred. Mem. Park

Frederick Frederick Md. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Hone

# Looks 8 . 100 623-W cross that asing Edited Sans - Fact has watering a transfer of the section o Total systems failure etastatic Cancer ( helanoma)

.b. service | 10 method | 10 m. | 10 m. | 10 m. | 12 method | 12 m

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inclana U.S.A. 7 (mahington County

lilliamsport Homewood Retirement Centex Housewife

Naryland Nashington Hamerstown X 201 Calvert Terrace

James A. Hetershay Fanc Husheng

For --- 219-18-5177 Farrich M. Sarshall Hagerstown, Md.

The second of th

A.A. Coffman Puncsel Home, Inc.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEK YEAR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) \*\* opinion death occurred an the date and haur and fram the causes stated 22c. DATE SIGNED APRIL 9. 1986 WEST WASHINGTON STREET HAGERSTOWN, MARYLAND 21740 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 13b. DATE 23d. LOCATION Washington, Md. Big Pool Burial Parkhead Cemetery LE FUNDAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE wer way down

STATE OF MARYLAND

8,

1986

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

Mills

IF UNDER 1 YEAR

INDUSTRY

DHMH - 16 50M 1/76 (VR A 15 (4))

A 12 . C. . L 1 . C. . L METERITERA XBBW II AT LONG JAK TOTAL BASE I MANUAL CHA MANUAL THE THE OFFICE OFFICE AND AUGUST AND WALLEY OF THE PARTY OF THE PART BERLY . INC. TRANTI MOTERIAL TODE TILL, TILL, CHARGE DOUGL CHALVEAY . . . TERRE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO. CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n. DATE OF DEATH MONTH YEAR 2b HOUR MILDRED orris 1: SEX S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY MONTH VEAR DAYS Female White Tune To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Jarvland WIDOWED Washington County IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Washington County Hospital Hagerstown Seamstress Dress MNFG SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Washington 374 Woodpoint Hagerstown YES T NO F Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Lewis Snyder Viola Davis Mav In WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT Hadden Hgts. (IF YES, GIVE WAR OR DATES) No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY areinon a colo ezur IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATI I DATE OF OPERATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN-CERTIFYING CAUSES OF DEATH? NOF YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC ) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram w saw the deceased alive an \_\_\_\_\_ and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated He, (1) (we) (did) (did nat) view the bady after death HATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 236 DATE

234 NAME OF CEMETERY OR CREMATORY

23d LOCATION

Burial 24. FUNERAL DIRECTOR

305 N. Potomac St.

Rest Haven Cemetery Hagerstown 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Minnich Haberstown Maryland

Wash.

THE BUYER OF THE A. S. H. . 2 of church a second Count it see . Il come or W. Sunde 24 E. Mitheran ET HIGHER AND ARREST AND DESIGNATION OF PROPERTY AND ARREST ARREST AND ARREST AND ARREST ARREST ARREST AND ARREST ARREST ARREST ARREST ARREST AND ARREST ARR JE OSUMED I. IL CU. palegraph, and the rest of the land of the

## STATE OF MARYLAND

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO.		2	5	5	100
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0-05596	1	REGISTRAR				CERTIF	ICATE OF DEATH		B REG. NO	o. § 6	2 3	3 3
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A social services of the servi	- 9	emole		4. RACE		5. DATE (	DAY YEAR		74	YRS.	S DAYS HO	UNDER 24 HRS DURS MIN.
And the second of the second o	H	RTHPLACE (STATE OR I	Md.		S. A.	MARRIE		W	ashingt		EATH	MD
		TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NU HEACILITY GIVE JUILTON	JRSING HOME ( STREET ADDRESS)  AVE.	OR OTHER INSTITUTION	LTYPE OF	work for most of the line op	WORKING HEEL IN	DUSTRY	usiness or
110	USU, I3u S	AL RESIDENCE (IF NURS TATE Aryland	13b COUL Was	OTHER INSTITUTION	13 CITY OR Hagel	BEFORE ADMISSION) TOWN STOWN	13d. INSIDE CITY LIMITS? YES NO [	13e STR	Guilf	ZIP CODE ord Ave.	217	40
de compression de la compressi	14. FA	LIPOYD A	•	MIDOLE	Haupt		15. MOTHER'S MAIDEN N		MIDDLE M.		Ford	
n and co	No.	VAS DECEASED EVER		MED FORCES? E WAR OR OATES)		SECURITY NO. 26-8286	Mr. George	A. S	ADDRE	524 Ways 1gh, Hag	ide Av erstow	m, Md
physics rpoper next, the		18 CAUSE OF DEAT PART I. DEATH W			line for (o), (b	ondice.	end inf	Lu-	liou		BETWEEN ONSE	E INTERVAL
oth cert carbon n. or res			IMMEDIAI	DUE TO, O		EQUENCE OF					, 8	l,
y the oth cramonia ther trau		Conditions, if any, gove rise to im- couse (a), statin underlying couse	mediote ng the	DUE TO, O	R AS A CONS	EQUENCE OF	Scheros	<u>`</u> S			100	7
sugned by	740	PART 2 OTHER SIGN	NIFICANT (	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DIS	SEASE OR CONI	DITION GIVEN IN	PART Iro	
to low ref	TIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a /	AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	S USED DEATH?
physical ophysic	AL CERT	210. ACCIDENT WAS UNI	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU			RY IN ITEM 1B PART 1 C	ORPART 2)	av.ii.
S PHYSS intending the bund and Man	MEDICA	21d. INJURY OCCUR		21e. PLACE	M.  OF INJURY REET, FYTORY, OF	FICE, FARM, ETC )	21f. LOCATION STREET		CITY OR TO	WN C	OUNTY	STATE
TENDONIC UNITS OF OR ATTACK AFTER OF USE OF		220.1 certify that (I) sow the decease	(this hospi	3-10			-7, 19 7	2 to _	4 - 2 turred on the do	7 19 1 te and hour and		t (I) (we) lost
AL DR AT THE FORD AT THE FORD AT DIRECT THE DEPT OF TH		obove, (I) (we) (a 22b. SIGNATURE,	Mh	rilly S	Offer death.		DEGREE ATTENDING PHYSICIAN	MEDIC	CAL STAF	F	4-30	- 86
O HOSPITAL eruned by 1 TO FUNETAL should be der wPORTANT	-	22d. PRYSICIAN'S N.	AME (TYPE O	R PRINT)			22e ADDRESS	496	1		. 21	
0 8 0 2 1 3	23a E	BURIAL, CREMATION,	REMOVAL	23b DATE 5- 2-	86		EMETERY OR CREMATORY	23 L	OCATION CITY OF TOWN	o. Wash	NTY CO.	MO
DHMH - 16 60M 7/B4		JNERAL DIRECTOR		Boon			250 D	ATE REC'D.	BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	8 - 907

FOR

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A MARIA - ARIA -

A Description See

Hagerstoon 055 Will'ord ave. Monine Coerator Planties Mig.

Eleger M. Pord. Pord. Strate M. Pord. Strate M. Pord. Strate M. Pord. Strate M. Pord. M. Pord

21, 12-52co x. Guyuya A. ebrausbuuda, Bernston K. H.

durini 5- 2- 25 Scensboro Camebern Scensboro, est. Co., Mi.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-03740 REG. NO CERTIFICATE OF DEATH DECEASED NAME 2a DATE OF DEATH MONTH 2b HOUR Leo 05 JETPE OR PRINTS 04-13-86 Angelo 1 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS YEAR MONTH Whit 906 0 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington DIVORCED [ WIDOWED 126 KIND OF BUSINESS OR O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY accounting railroad GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Nush Hacevstrum 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE Catherine Walsh Palladino Lucca 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** LIF YES, GIVE WAR OR DATEST 705-10-5605 Helen E. Palladino, Hagerstown, Md. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 4-13 36 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on\_ and that in (my) (and apinion death occurred on the date and have and from the causes stated obove, (1) (welldid) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING be a one of L PHYSICIAN -DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

burial Apr.15,1986 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

23a. BURIAL, CREMATION, REMOVAL

Rose Hill Cemetery

23c NAME OF CEMETERY OR CREMATORY

Hagerstown, Wash., Maryland

415 E. Wilson Blvd., Hagerstown, Maryland

250 DATE PEC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

101100:00

DEPARTM	CERTIFICATE		YGIENE	REG. N	١٥.	1 2	2 3	5	1
	PRICE		2a. DATE C	F DEATH	H-1.	7-8	YEAR ZO	25 HOU	ROAM
	5. DATE OF BIRTH		6 AGE IN	YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
te	7 / 10	2 95	90		YRS	MONTHS	DAYS	HOURS	MIN.
COUNTRY?	8		9 BALTIM	ORE CITY	OR COUNT	Y OF DE	ATH		

7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Maryland

WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Washington 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE cafe. manager

126. KIND OF BUSINESS OR INDUSTRY Bd. of Education

Maryland

IN CITY OR TOWN OF DEATH

136 COUNTY 13c CITY OR TOWN Washington Hagerstown

LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

13d INSIDE CITY LIMITS? NO X 15 MOTHER'S MAIDEN NAME

136 STREET ADDRESS / ZIP CODE Hebb Road

21740

14 FATHER'S NAME Freling

REGISTRAR L DECEASED NAME

1. SEX

Η.

8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

4 RACE

Hoffmaster 166 SOCIAL SECURITY NO

Virginia

Mikesell

LYES NO OR UNKNOWN

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE IS

213-12-7268

17 INFORMANT

no

IFICATION

CERT

William R. Price, Hagerstown, Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE O

196 ONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO F

OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

210 ACCIDENT WAS UNDERLYING

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

LIF EITHER NOTIFY MEDICAL EXAMINER

PM 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC )

211 LOCATION

ATTENDING

220 ADDRESS Nomes

CITY OR TOWN COUNTY

STATE

NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from

and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

226 SIGNATURE

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

(SPECIFY)

burial

230 BURIAL, CREMATION, REMOVAL 236 DATE

abave, (1) (we) did) (did not) view the body after death

23¢ NAME OF CEMETERY OR CREMATORY

Green Hill Cemetery

Waynesboro, Franklin, Penna.

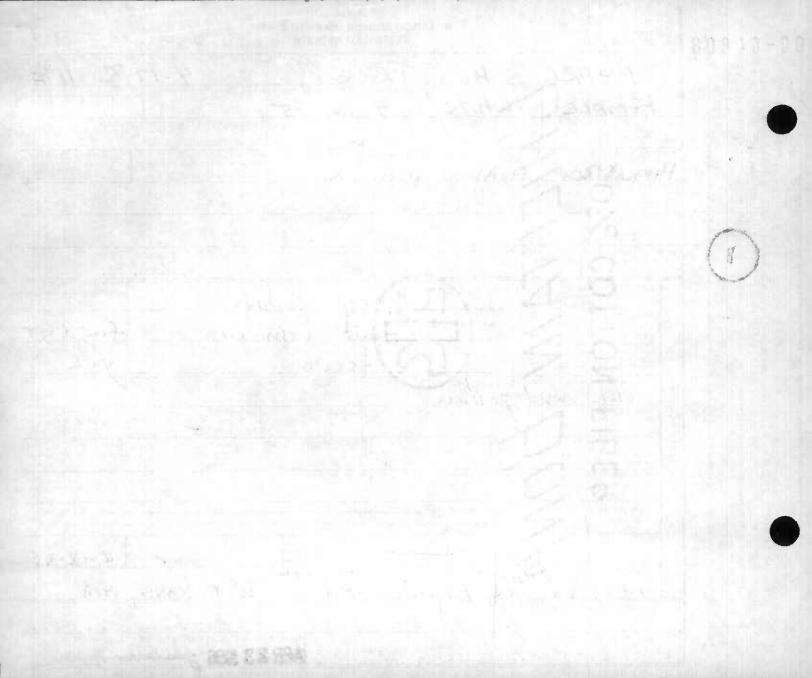
24 FUNERAL DIREMPNNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

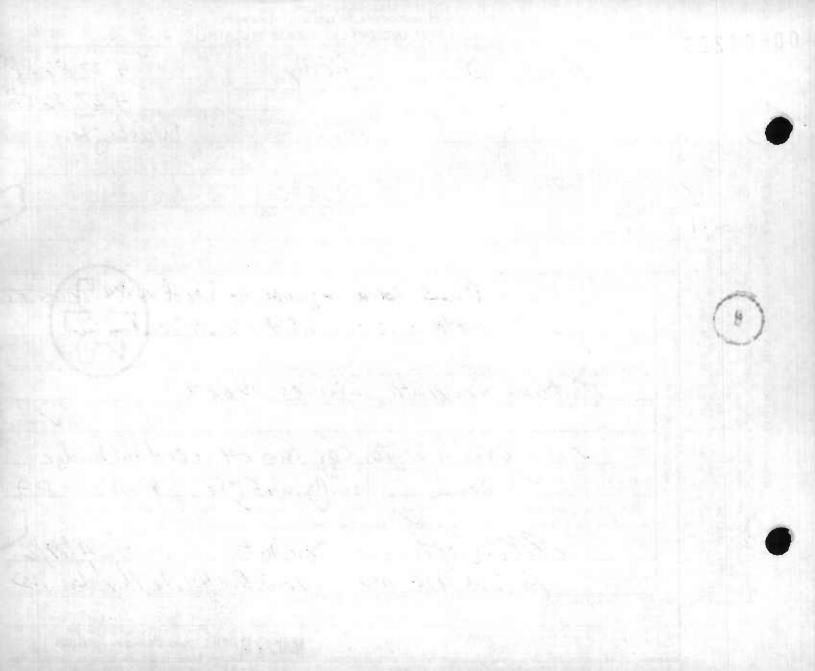
Apr. 2D, 1986

GISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME Denise 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED 6 AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED July 22,1972 white 13 YRS female DF AD M BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) student Washington County Hospital Hagerstown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 620 George Street Maryland Washington Hagerstown YES K NO [ 21740 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST Reilly Irene Morris Thomas Eugene In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 217 04 9000 Thomas E. Reilly, Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate couse (a) stating the under-, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 78 AUTOPSY? BURIAL, GE 4 SHOULD BE FORWARDED TO THE CONTROL BY SHOULD BE FORWARDED TO THE CONTROL DISCRETAL DIRECTOR, PAGE 3 SHOULD BE FOR DEATH WITH THE STATE DEPARTMENT IN BRANCH MARCHANDE TABLE TO THE STATE DEPARTMENT IN BRANCH MARCHANDE TO THE STATE DEPARTMENT IN BRANCH THE STATE DEPARTMENT THE ST 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART UNDERLYING CONTRIBUTING CAUSE OF DEATH & SO P.M. TIE PLACE OF INJURY (AT HOME. 211. LOCATION NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held on and in my opinion death resulted from: Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE Rest Haven Cemetery Hagerstown, Wash., Maryland May 1, 1986 burial 07/84 24 FUNERAL DIRECTORMINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))



LIBERTYTOWN, MD

250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

revaluadon Andelle

DHMH - 16 60M 7/B4 (VRA 15, 4) 24. FUNERAL DIRECTOR HARTZLER

fetas atic under of prostate

62

. L. L. Les .. mailli

bil Division Ave Harerstown, Md.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	4	
8	REG. NO.	
-	REG. NO.	

2 5 6 0

0	-	0	2	9	8
		oge 4 may be		Cate pope 3	oop other death

FOR STATE

campletely filled in by the furst land 2 should be filed with O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and ca hould be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene priar to burial, cremotion, or removal. O FUNERAL DIRECTOR: After this certificate has been etoined by the haspital

ine mys be natified or or

APORTANT: If them 21 is marked at them 18 shows any injury, ar other traumatic event, the medical exa

TENDING PHYSICIAN: The

TO HOSPITAL

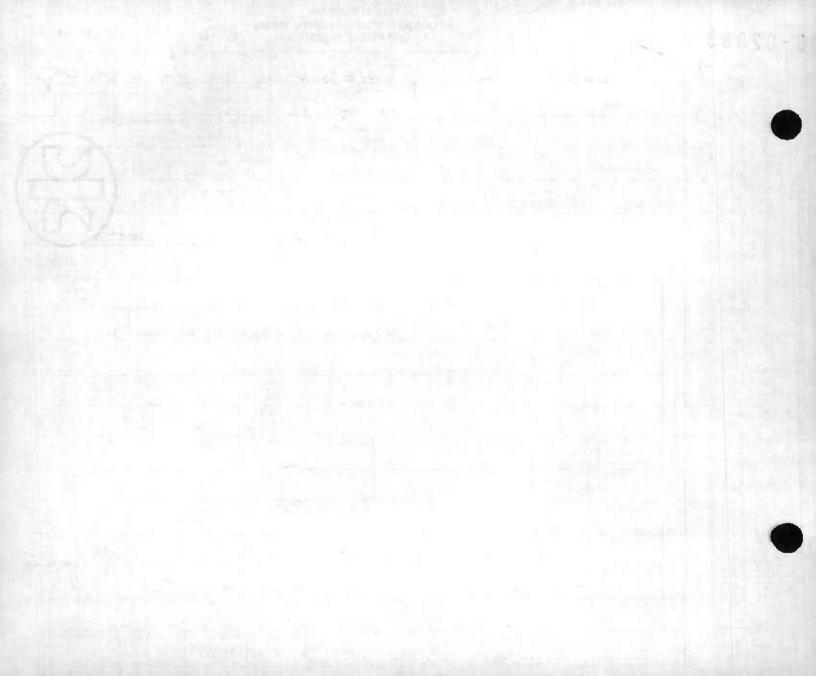
В

P	23a. BURIAL, CREMATION (SPECIFY) burial	I, REMO
	24 FUNERAL DIRECTOR	MTI

DHMH - 16 60M 7/B4 (VRA 15, 4)

	200	REGISTRAR				CLIVIII	ICAIL OI DEATH	REG. N	0.			
1		CEASED NAME	FIRST	LeRoy ^	MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	
Y		/ 1	rrv	1		Ric.	HESSON		Ator 1	6 86	6:5 HM	
/	1. SE)	K.	1	4. RACE		5 DATE C	OF BIRTHY O	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER WHRS	
		M		W		MONTH 12	47 YEAR -17- 36	49	YRS	AONTHS DAYS	HOURS MIN.	
-		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			NEVER MARRIED	Washington				
2		nnsylvania										
7		TY OR TOWN OF DEA					R OTHER INSTITUTION		128 USUAL OCCUPATION 12b, KIND OF			
7	Hagerstown			Washington County Hos						trucking		
	USU A	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		13d INSIDECITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE			
5	Ma	ryland	Wash	ington	Hagersto		YES 🗶 NO 🗌	1345 Sale			21740	
11	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS		
		Kenneth			Richesso	n	Maxine	MIDDLE	1	McAfee		
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
	yes A			rmy   198-30-0454   Linda Ri			Linda Rich	hesson, Hagerstown, Md.				
		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (o), (b), and	d (c		1 -		BETWEEN	MATE INTERVAL DINSET AND DEATH	
		PART I. DEATH W		D BY: TE CAUSE (0)	ACUTE	e ev	VOHHY GECT	VS 1624		508	dev	
				DUE TO OF	R AS A CONSEQUE							
		Conditions, if any,		( ıb)_		AT	husosal, C	OVONGM O	1,5000	- Yus		
		gave rise to immediate cause (a), stating the DUETO OR AS A CONSEQUENCE OF										
	underlying cause last.											
7	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION											
2	ICA	190 DATE OF OPERATION 196 COND			ITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDIN YING CAUSES	OF DEATH?	
X	RTIE			- 150				YES NO	YES		NO 🗌	
		210. ACCIDENT WAS UNE		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART 2)		
7	EDICAL	(IF EITHER NOTIFY MEDI	CALEXAMINE	P./		19						
	AED	21d INJURY OCCUR		21e. PLACE (	OF INJURY EET, FACTORY OFFICE FA	ARM ETC )	211 LOCATION	CITY OR TO	NWC	COUNTY	STATE	
		AT WORK AT WO	RK L			/	1					
		22a 1 certify that (1)			-	-	HPV114, 1986	, to	, 1		that (I) (we) lost	
		sow the decease obove, (I) (we) (c	ed olive on did) (did no	t) view the body	ofter death	, ог	d that in (my) (our) opinion o	death occurred on the d	ate and hour	and from the	couses stated	
		226. SIGNATURE	H	la Ada	she I	6	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED	
1		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)	1 0		22e ADDRESS		1	61	1	
			4. N.	Week	3		580 Norther F.	AV HAGEN	5 Town	- 1	142	
	23n B	URIAL CREMATION	REMOVAL	23h DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				

Hagerstown, Wash., Maryland Apr.9,1986 Rest Haven Cemetery 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE MINNICH FUNERAL HOME E. Wilson Blvd., Hagerstown, Md. 21740

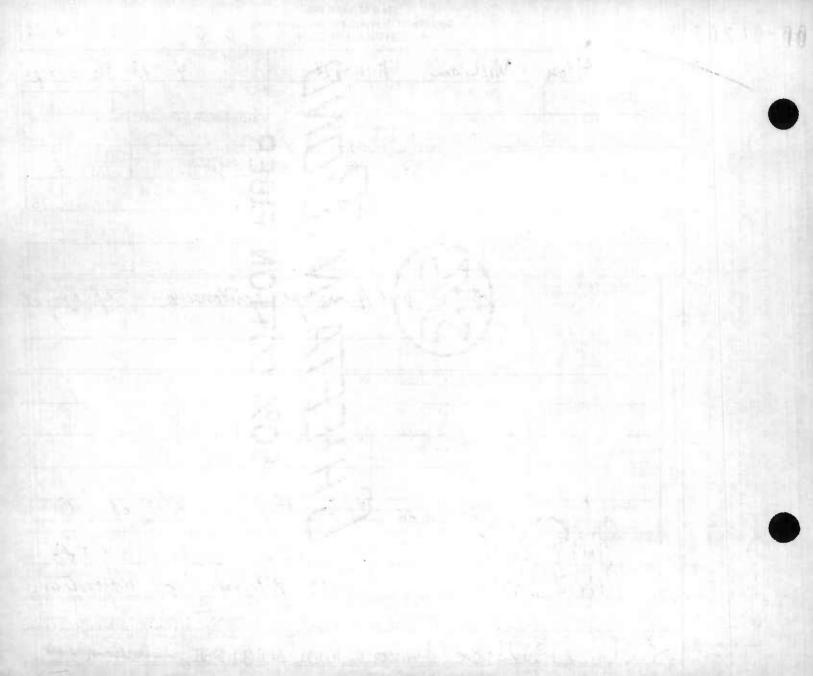


STATE OF MARYLAND

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(VRA 15, 4)

trulia Davidson Mandale



(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH YEAR 2b HOUR TYPE OR PRINTI OA 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR White Female TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Nashington Unknown WIDOWED IX DIVORCED [ IN CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Hagerstown Home Homemaker HValou OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS / ZIP CODE Marsh Pike Hag Hagerstown ashington FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Unknown Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) 220-54-6649 Avalon Manor Marsh Pike Hag. Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 19a. DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on ... 22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery Hagerstown Wash. Burial 305 N. Potomac St. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 N. Minnich Hagerstown. Maryland

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REG. NO SECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH Loyd Easton 4. RACE & AGE (IN YEARS LAST BIRTHDAY) male white December 21,1915 70 O. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED USA Washington Tennessee WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY automobile Hagerstown Washington County Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21740 136 CITY OR TOWN 1134 INSIDECITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1742 Edgewood Hill, Apt. 204 Washington Maryland Hagerstown NOF 15. MOTHER'S MAIDEN NAME MIDDLE Dooley Samples Frank Corda ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIE YES GIVE WAR OR DATES Ruth Samples, Hagerstown, Md. 413-10-9604 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 JEYES, WERE FINDINGS USED 2Bn AUTOPSY? INCERTIFYING CAUSES OF DEATH? NOR YES [ NO I 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING T CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE AT HOME STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE 220.1 certify that (1)(this haspital) attended the deceased from saw the deceased alwewn .. and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated 22h SIGNAFE DEGREE 226 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

burial

24 FUNERAL DIRECTORMINNICH FUNERAL HOME Wilson Blvd., Hagerstown, Md. 21740

April 4,1986 Rest Haven Cemetery

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE was bandon- Hinglett

Hagerstown, Wash., Maryland

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	2	.5	6	6
KEO. I TO	 			

	DECEASED NAME FIRST	WIDDLE	LAS	ST.		20 DATE OF DEAT	H MONTH	DAY YEAR	2h HOUR
7	CHARL	ES ELMER	SAU	NDERS		April	26,	1986	7:00pm
1	SEX	4. RACE	5. DATE OF			6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	White	Marc	h 29,	1915	71	YRS.	MONTHS DAYS	HOURS MIN.
7	a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	□ NEVER M	ARRIED -	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
7	West Virginia	U.S.A.	WIDOWED	X DIV	ORCED	Washin			MD.
e n	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	OTHER INST	NOITUTI	12a USUAL OCCUP		LIFE) INDUSTRY	OF BUSINESS OR
art :		Reeder's Memor		Home		Electri	cian	Rail	road
ZI:	ISUAL RESIDENCE (IF NURSING HOME OF	NIY 13c CITY OR TOW	'N 11	13d. INSIDE CI		13e.STREET ADDRE		<i>T</i> – -	1740
	Maryland Wash	ington Hagers		YES X	MAIDEN NAM		Balt	imore S	Street
Λ	FIRST	MIDDLE LAST			FIRST	MIDDI	E	LAS	
+	Andrew 60 WAS DECEASED EVER IN U.S. AR	Saune		17 INFORMAL	<u>Bertha</u>		DRESS		eid
1		VE WAR OR DATES)					232		olland I
ŀ		- 1188-09-		Ruby	1. 58	aunders	Willi	iamspo	IMATE INTERVAL ONSET AND DEATH
-	PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I	DEATH BUT N			INAL DISEASE OR C	20b. IF Y	ES, WERE FINDI	NGS USED
	ME .					YES NO		IFYING CAUSES	NO [
	OR CONTRIBUTION CALLER OF DE	HOUR A.M. MONTH DA	AY YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
	THE THER NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		21f LOCATIO	N	CITY C	RTOWN	COUNTY	STATE
1	saw the deceased alive an	ital) attended the deceased from_	, and	I that in (my)	, 19 (aur) opinian c	, to death accurred on th	e date and ha		that (I) (we) last causes stated
,	771 SIGNATURE	IN Juan	1		100	MEDICAL DIRECTOR PH	STAFF SICIAN []	274 DATE	SIGNED
1	Bretien	v-5- 6411		100	Gett.	ing Care	, Ka	elyjo	, Me Ma
2	30. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>			hurch		23d. LOCATION CITY OR TOW		ton W	ash. Mc

DHMH - 16 60M 2/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

K. Coffman Funeral Home, Inc.

ADDRESS TOWN, Md 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Juna Davidson Bondalls MAY 1

April 25, 1986 7:00pc	SAGGERS	9.84412 2.3	MARIN - 7
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nahinmton County	ž		west Vireline
Electrician kallroad 21740 11 west Saltleore Street			oru a oci
332 Otho Holland D Shunders Hilltensport, Md.		20-95/	Tarbus St.

rtal (-1)-en Hanor Church Cemetery Tilohmanton, wash., Md.
Hagerstown, Md.

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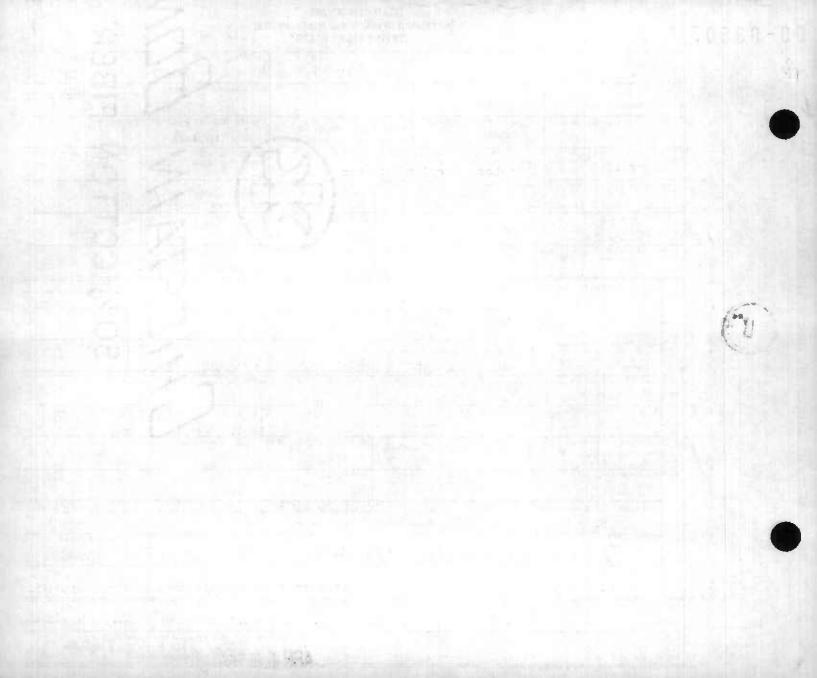
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG.	NO	4-147.00	2 :	6	8
E OF	DEATH	MONTH	DAY	YEAR	25 HOLL	0

- 1									REG. N	0				
I		OR PRINTI		Eller	l						DAY	YEAR	26 HOL	
ı		Eth	nel	F	3	SHI	EELEY		0	4-07-	86	42	2:2	5P M
	3. SE	X	4	RACE				WEAD	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDER	R 24 HRS
		Female		Whi	te				71	YRS		DAIS	HOOKS	MIN.
1			EIGN 71	L CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		Y OF DE	ATH		
			d	US	A				Washingto	on				MD.
7	10 C1	TY OR TOWN OF DEATH		1. NAME OF H	HOSPITAL, NURSIN	IG HOME O							F BUSIN	
1		agerstown		Weste	rn Maryla	and Ce	nter		(TYPE OF WORK FOR MOST C	DF WORKING L	IFE) IND	USTRY		
	130 S	STATE 13	6 COUNT	Υ	13c. CITY OR TOW	N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS	in St	reet		2178	3
V	14 FA	Ethel E SHEELEY 04-07- 86  Female White White 05 DATE OF BIRTH VIAN 71 VRS.  Female White 05 DATE OF BIRTH VIAN 71 VRS.  FEMALE (STATE COPPORIGN)  MARY JAIN 15 CHIZEN OF WHAT COUNTRY? 18 MARRIED DISTANCE CHIVE OF WHAT COUNTRY? 19 MARRIED DISTANCE CHIVE OF WASHINGTON  OR FOWN OF DEATH (IN NAME OF HOSPITAL, NURSING ONE DISTANCE CHIVE OF WASHINGTON)  OR FOWN OF DEATH (IN NAME OF HOSPITAL, NURSING ONE DISTANCE WASHINGTON)  OR FOWN OF DEATH (IN NAME OF HOSPITAL, NURSING ONE DISTANCE WASHINGTON)  OR FOWN OF DEATH (IN NO SHEET ACCOUNTRY)  WESTERN MARY AND COUNTRY OF MESSAGRACE (IN NO SHEET ACCOUNTRY)  WESTERN MARY AND COUNTRY OF MESSAGRACE (IN NO SHEET ACCOUNTRY ON STATE ACCOUNTRY OF MESSAGRACE (IN NO SHEET ACCOUNTRY ON STATE ACCOUNTRY			146									
1		Chester		.oott			J	da	N			10	oy	
1					166. SOCIAL SECU	RITY NO.	17 INFORMA	INT	ADDRE	SS				
	()		IF YES, GIVE	WAR OR DATES			Sara S	Sheeley	, Smithsbur	g, Ma				
1		18 CAUSE OF DEATH	Enter only	one couse per	line for 101, (b), and	dicil					8	ETWEEN	MATE INTE	DEATH
1					Pne	umoni	a					24	hou	irs
1		PART MEST		DUE TO, OI	R AS A CONSEQUE	NCE OF								
1				(b)	Rec	ent c	erebro	vascula	r accident	336		1	wee	ek .
1				DUE TO OF	R AS A CONSEQUE	NCE OF								
		underlying couse	lost.	1			rterio:	sclerot	ic vascular	dis.		Ye	ars	
I		PART 2 OTHER SIGNIF	ICANT CO									ART Ire		
I	CERTIFICATION													
1	CAT	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WHICH	OPERATION								
1	TIE	Mark Will			None	2						AUSES	NO [	
1	CER	21a. ACCIDENT WAS UNDERL	LYING				21c. HOW IN	JURY OCCURE				PART 2)		
1	-													
J	MEDICAL	21d INJURY OCCURRED		_		19	211 LOCATIO	DN					-	
1	ME		П			ARM ETC )			CITY OR TO	WN	COL	UNIY		STATE
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J		220. SIGNATURE	1 6			n		TIENDING	MEDICAL STAI	F	770	c. DATE		
A		JL M	.001	eun	veny	1/	1110	PHYSICIAN [	DIRECTOR PHYSIC	IAN		4/8	/86	
1		re U. Po	rciur	icula,	M.D.		Wes	tern Ma	ryland Cent	er, E	lage	rsto	wn,	Md.
	23a B	URIAL, CREMATION, REA							CITY OR SOUR		- ((0)			TATE 7
	bui	rial		Apr. 1:	1,1986 Ce	dar Lo	awn Mer		_	-				and
	24. FL	INERAL DIRECTOR M	INNIC	H FUNET	RAL HOME			25a DAT	E REC'D. BY REGISTRAR	25h REGIS	TRAR'S S	IGNAT	JRE	

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)



00-03739

## STATE OF MARYLAND

REG. NO.	8	EFG NO		2	2	0	9
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1-	FOR STATE REGISTRAR		DEPARTM			GIENE 8 O REG. NO.	1256	9
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LOSCASED NAME   PRESIDENCE   PRESIDENCE			-0 00 23 10	W.				
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H	agerstown	Raven	wood Luth	eran Vi			RKING LIFE) 17.6. KIND OF BUSINESS INDUSTRY  SCHOOL Lur	or neh
13a S	AL RESIDENCE (IF NURSING STATE aryland	home or other institution. b. COUNTY Washington	13c CITY OR TOWN	13d.	V	130 STREET ADDRESS / ZIP	imore St. 2173L	4
14 FA		MIDDLE	LACT					
	Frank	0.			Blanche	L.		
Ida V	VAS DECEASED EVER IN			1				
N	0		214- 09-	8342	Mr. Frank	L. Stockslag		
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	SARF	AMOVE	× 151,	EIN	FUN	KS to WI	1	2
	URIAL, CREMATION, REA	236 DATE 4-15.			en Cemetery	23d LOCATION	COUNTY STATE	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shows only njury, ar other traumatic event, the

John H. Bast, Jr. Boonsbord, Md. 21713 WILLT O TROP O

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wonn H. Bray, wi. Sorngborro, HJ. 27715

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le de	3. SE	x	100	4 RACE			OF BIRTH		6. AGE (IN YEARS LAST BIRTH			F UNDER 24 HRS
ecto	1	Female		Whi	te	Jul		1	64	YRS.	NTHS DAYS	HOURS MIN
nerol din	C	RTHPLACE (STATE OR FOR DUNTRY)	EIGN	76. CITIZEN OF		MARRII WIDOW	ED NEVER MARRI		Washingt			MD
rs ofter de by the fur filed withing of the fur filed within the fur filed participated of the f	10. €	TY OR TOWN OF DEAT	1	11. NAME OF I	HOSPITAL, Note that the second	URSING HOME STREET ADDRESS) Count	OR OTHER INSTITUTION	ION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewif	N WORKING LIFE)	12b. KIND OF I INDUSTRY	,
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours sistion and completely filled in by opers. Pages (Toyd 2 should be fille vol. 1, the medical examine Amust be int	0.4	AL RESIDENCE (IF NURSING TATE	36 COU	ROTHER INSTITUTION. NTY hingto	GIVE RESIDENCE 13c. CITY OF N Hag	EBEFORE ADMISSION R TOWN erstow:	13d. INSIDE CITY LIA		13e STREET ADDRESS 824 Pine	Stre		L740
MARYLL mpletely ond 2 st	14. F	THER'S NAME		MIDDLE	LAS	ST.	15. MOTHER'S MAIL FIRST	DEN NAM	E WIDDLE		LAST	
RE, MA	14 5	Ellswort		NIED FORCES	Bore		Ett	a	Belle		Jame	S
MORE e executant of Pages (				E WAR OR DATES)		14-704	William	m R	Sheppard		Pine S	
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove corban pa urial, cremation, or rema	CATION	Canditions, if any, gave rise to imme cause (o), stating underlying cause	which ediate the last	DUE TO, OI  DUE TO, OI  DUE TO, OI  CONDITIONS CORAL VALV	R AS A CONS	SEQUENCE OF	IINAL METAS	HE TERMINATIC	NAL DISEASE OR COND	ITION GIVEN	1 YEA	.S USED
N OF VITAL RE SICIAN: The lo 19 physicion. earthcate hos rial-transit per entol Hygiene Item 18 (Tows	CERTIFICATION	210. ACCIDENT WAS UNDER	_			H DAY YEAR	21c. HOW INJURY	OCCURRE	YES NO NO	YES		F DEATH?
DIVISION ING PHY: T attendid Uter this as the but th and M orked or	MEDICAL	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	EXAMINER)	P.J	M. OF INJURY	DFFICE, FARM, ETC.)	21f. LOCATION STREET	0.4	CITY OR TOW	1	COUNTY	STATE
ATTEN(I spitol CTOR: for us of He		22a. I certify that (1) (t saw the deceased obave, (1) (we) (dia 22b. SIGNATURE	olive on	APRIL	25	QZ.	nd that in (my) (our)	apinian de	, to APRIL 25 eath accurred an the do	e and hour o	nd from the co	
0 = 0 0 0 5		22d PHYSICIAN'S NAM	ul AF IXVOE	iw. 5	Dit	Daw.	ATTENI PHYSIC	DING CIAN 🔣	MEDICAL STAFI	an 🗀	224. DATE SI	/86
TO HOSPITAL TO FUNERAL should be det with the State	200	EDWARD W.	DITT	0111 MD			217 W.W			HAGERS	TOWN, ME	
	23o. B	URIAL, CREMATION, RI	EMOVAL		0.6	The second second	CEMETERY OR CREMA		23d. LOCATION CITY OR TOWN		YTAUC	STATE
BP		Burial INERAL DIRECTOR NAME K. Coffma	an F	4-28-8 Suneral	ADDRE	Hagers	town, Md.	Oria 250. DATE I MAY	Pk. Hag REC'D. BY REGISTRAR 2	ersto St REGISTRA	WD Was	sh Md

. . . . . . vicuo) notphadas DACET Pagrata and ASD | the property of ed syst 177-14-7047 Hallass H. Sheppard Hacorstown, 286. REDGETOUS STREET, THE VOKOR HTTLE YEAVS THIS TO AMOUNT OF AS SATIVE BURELLE CITA DE SUC SEASE LO PARTE SAN MANY PA . To the late of t TTI. 

ACETELONE, 36.

A.E. Code an Congral Home, Inc.

n - 1	3542	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6 NO.	2 5 7
0 (		TYPE OR PRINT)	Ruth		AST	The Date of Dentity	/86 1:
6	ge 4 may be ectar, page 3 rs ofter death	3 SEX female	4 RACE White	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS	IF UNDER I YEAR IF UNI
	her deoth. Par within 72 hou ind of order	70. BIRTHPLACE (STATE OR FOR COUNTRY)  Maryland  10. CITY OR TOWN OF DEATH	USA 11. NAME OF I	WHAT COUNTRY?	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY  Washington  120 USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WORKING LIT	12b. KIND OF BUS
MARYLAND 21201 ed within 24 hours after mbletely filled in by the ond 2 should be filled with xxxminer most be portitive	Maryland N	Ravent G HOME OF OTHER INSTITUTION, 3b COUNTY Washington	vood Lutheran GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN Hagerstown	13d INSIDE CITY LIMITS? YES * NO  15 MOTHER'S MAIDEN NA	legal secretary  13e.STREET ADDRESS / ZIP CODE 940 Pennsyl	law fir	
IMORE, MA	no ond comp Poges I on	John  166 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)  NO	I .  U.S. ARMED FORCES?  JIF YES, GIVE WAR OR DATES]	Whitemore 166 SOCIAL SECURITY NO. 217 32 6967	Belva IT INFORMANT Charles W.	B.  ADDRESS  Shupp, Hagerstow	Frock
ST., BALT	ing physicio rbonpopers r removal. ic event, the	PART I. DEATH WAS	S CAUSED BY:  AMEDIATE CAUSE (0)	Aspiration	on Pneum	unia	APPROXIMATE IN BETWEEN ONSET A
201 W. Pyterno.	ed by the attendi please remove co irial, cremation, a , or other traumat		which diate the last. (b) DUE TO, O	R AS A CONSEQUENCE OF		AINAL DISEASE OR CONDITION GIVE	2.3
RDS,	n sign Then to bu	Z O PART 2 OTHER SIGNIF	FICANT CONDITIONS CO	DNIKIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	PARI SIG

GIVEN IN PART 110 190. DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased from that (1) (we) last 2 April sow the deceased alive an 2 and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

DEGREE

W. N. Fender 230 BURIAL, CREMATION, REMOVAL

77h SIGNIATURE

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

22e ADDRESS 138E

ATTENDING

23d LOCATION

STAFF

MEDICAL

PHYSICIAN PHYSICIAN

22c. DATE SIGNED

INDUSTRY law firm

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1:20pm

IF UNDER 24 HRS

21740

burial April 11,1986 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

Hagerstown, Wash., Maryland RAP TSW REGISTRAP'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

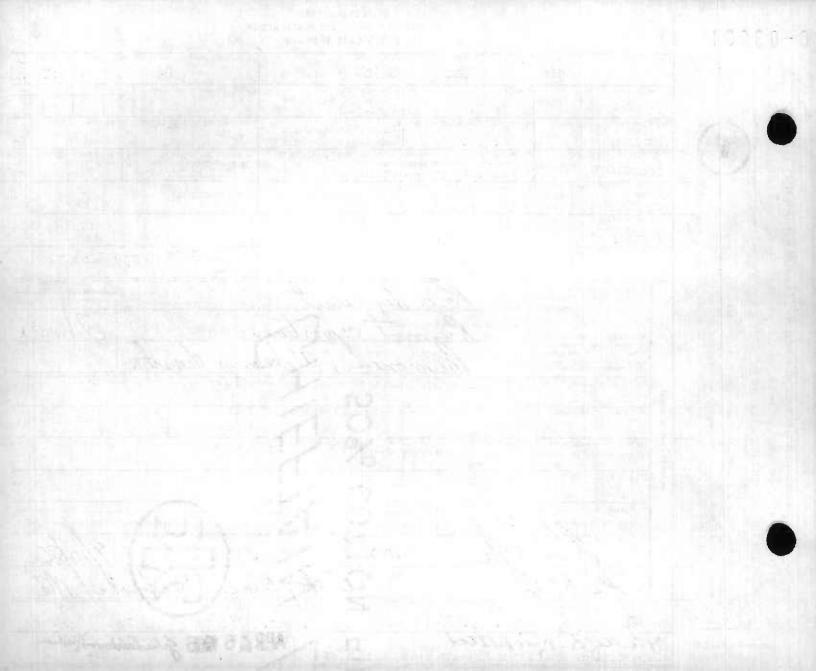
CERTIFICAT

MEDICAL

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0 00055	1.	FOR STATE		DEPART		EALTH AND M		BENE 8 6	12	5 7 2
0-03955		REGISTRAR	1				rwiii	REG. NO.		
	1. DE	CEASED NAME FIRST		MIDDLE	L.	151		20 DATE OF DEATH MONTH	H DAY YE.	AR 2b. HOUR
/ 1 51		Jean	n	havie ?	Sim	mers	3	4	10 8	36 6 PM
5	3.58		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I	YEAR IF UNDER 24 HRS
1 15	IT		Cave	10.00	MONTH	DAY	YEAR	50.		DAYS HOURS MIN.
8 11 1	100	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	18	35	9 BALTIMORE CITY OR CO	YRS.	ru
10.11	T	COUNTRY)	TO CHIZEN OF	WHAT COUNTRY:	MARRIE	NEVER M.	ARRIED -	S BALTIMORE CITT OR CO.	JNIT OF DEAL	ın
是 建铁 6	100	aynesporo	USA		WIDOWE		ORCED	Washington		MD.
	10.C	ITY OF TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME O	R OTHER INSTI	TUTION	120 USUAL OCCUPATION		ND OF BUSINESS OR
5 11 1/	14	agerstown/	111)056	insten	Co	+- 500	tal	Housewife	ING (IFE) I JINDUS	O I KT
2 3 3 3 7	USU	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION		E ADMISSION)	10301	1-21			16000
4 3 1 1/k	7	STATE BY COL		13c. CITY OR TOW		13d. INSIDE CIT	-	13e STREET ADDRESS / ZIP	CODE G	14446
4 1/4	-		nklin	State L	ine		NO 🔀	Box #182		11/
1 30 ///	1	ATHER'S NAME	MIDDLE	LAST	775	15. MOTHER'S	MAIDEN NA/	WE		LAST
W 2 2 1 /3/	1	John B	rown	Curfma	n	M	lary	Elizabeth	She	ffler
9 3 7 8 7		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMAN	4T	ADDRESS		
ON BOOM	9	YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	160-48-	8236	Walter	N. Sir	mmers. P.O. B	ox #182	, State Li
1 1	-						., 02.	PA.172		
and the state of t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause pe ED BY:	er line far (a), (b) an	idici , A	I	7 7	PA.1/2	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
2 1 2011			TE CAUSE (0)	TChto	2/1	ver !	ailu	LL .	0	i muits
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5 to 1 to 1		Conditions, if any, which	(b)	1m A	- A10	AR H	PRATI	#15	100	
A COLUMN		gave rise to immediate	)	1	1000	1-1				
3 2 2 2 2 2	1	couse (a), stating the underlying cause lost	DUE TO, C	DR AS A CONSEQU	ENCE OF					
0 f police			(c)_							
S. S.	2	PART 2 OTHER SIGNIFICANT	CONDITIONS	11.	DE ATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR GONDITTO	N GIVEN IN PAR	RT Ita
D	CERTIFICATION	17 MAR IC	hau to	ilme	, (19	MOCO	Llal	- MANNINGIT	5	
N AFE	15	190. DATE OF OPERATION	196 CONE	DITION FOR WHICE	OPERATIO	WAS PERFOR	MED	200 AUTOPSY? 20b.	IF YES, WERE FI	INDINGS USED USES OF DEATH?
1 11 231	1 5							YES NOD	YES 🗍	NO []
1 1111	1 8	210 ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PAR	RT 2)
31 415 24	1100	OR CONTRIBUTING CAUSE OF DE		.M. MONTH D						
Z 20 0 0 1 1 /	MEDICAL	11 EITHER, NOTIFY MEDICAL EXAMINITY OCCURRED		OF INJURY	19	211 LOCATION	N			
5 21 1117	1 2		(AT HOME, ST	TREET, FACTORY, OFFICE, I	FARM, ETC )	STREET		CITY OR TOWN	COUNT	TY STATE
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00 4 and E		27% I certify the (1) this hasp		he deceased fram_	MAKE	+ / ? _	. 19	10 PM///	19 86	, that (I) (we) last
2		saw the deceased alive a abave, (1) (we) (did) (did n	n Am. 1	192	an an	d that in (my) (e	our) opinion (	death occurred on the date an	d hour and from	n the couses stoted
A H H H L L		22b. SIGNATURE	O New The body	oner deam.		EGREE			22¢ F	DATE BIGNED
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AP NAME /	1	224 PHYSICIAN'S NAME HYPE	= JARV	2005 M	A	22e ADDRESS	· N	1) I Ave	400	- L M
F + 0 + 0		0,100	- 4101	1011.	.h	705	OFF	41111.	1/19/4	17 Mar 1011
51 5213	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. I	NAME OF CI	METERY OR CE	REMATORY	23d LOCATION	0	
aa66000	1	(SPECIFY)						CITY OR TOWN	COUNTY	STATE Co.
777777	24 F	Burial UNERAL DIRECTOR	INDELL	14/86   G	reen i	ill Cen		Waynesboro. E REC'D. BY REGISTRAR 256. RE	CISTO AD'S SIC	NIATURE
DHMH - 16 60M 7/B4	100	NAME		ADDRESS			To DAIL	2	Bavidon-1	Randelle
(VRA 15, 4)	100	ohn S. Snyder,	Jr., 48	So. Chur	ch St		MARRY	in the guillan	Jen I done	
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, 0	000.		I DEC	REGISTRAR CEASED NAME	FIRST		MIDDLE		AST	REG. N	O. MONTH DA	Y YEAR	12b. HOUR
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	noy,		3. SE)	(		4. RACE		5. DATE		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	ector rs of	-	1	Male		Whit	e	Sept	21 DAY 1886	99	YRS.	ANTHS DATS	HOURS MIN.
	og.	3/2		RTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY C	F DEATH	
	eoth			ryland		U.S.	Α.	WIDOW	_	Washing	ton		MD.
	1	10		TY OR TOWN OF	DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
10	10 S	7	Bo	onsboro			r's Memor		lome	Homemake	r	Но	me
0 2 1 2	24 hour	usk be	13a. S	TATE	MSb. COUR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	134. INSIDE CITY LIMITS?	13. STREET ADDRESS	71	0177	
NA N	y fill	Ę		ryland	Frede	erick	Myersvi.	lle	YES NO TO	Pleasant	Walk	2177	3
MARYLAND 21201	complete	exongin	1	anue1		MIDDLE	Dusing		Susan	MIDDLE	L	aPole	ī
	xecute	00 //	160. W	VAS DECEASED E	VER IN U.S. AR		166 SOCIAL SECT		17 INFORMANT	443 North	555 hilberr	v Stre	ot
IMO	Pog.	Dec	( )	NO OR UNKNOWN	i) (IF YES, GIV	VE WAR OR DATES)	213-74-	5422	Lelia Smith	Hagerstown			,et
BALTIMORE	ote b /sicio opers	t the		18. CAUSE OF D	EATH (Enter or	nly one couse per	line for al, (b), q	dicip	4				MATE INTERVAL ONSET AND DEATH
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PRESTON	dea offe offe offon	troumotic		Conditions, if		(b)	recum	enl	aspiration	$\sim$		0	nous
3		other t		couse (o), st underlying co	toting the	DUE TO, O	9	ence of	. 1 / / - /4	einers den	unta		
5, 201	gned gned en plec burio	ıry. or	7	PART 2 OTHER	SIGNIFICANT	CONDITIONS CO			NOT RELATED TO THE TER		DITION GIVE	N IN PART 11	o.
RECORDS,	requestrates	ž —	CERTIFICATION	19a, DATE OF OPI	CRATION	Tian conto	ITION FOR WILLICE	OBCDATIO	N WAS PERFORMED	20a AUTOPSY?	Tank is vec	WERE FINDIN	ICC HOSE
REC	n. nos bermine permine	Sony	FICA	IVO. DATE OF OPI	ERATION	198. COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED		IN CERTIFY	NG CAUSES	OF DEATH?
TAL	The licio	ğ/	ERT	21a, ACCIDENT WAS	S UNDERLYING	7 21b. TIME C	OF INJURY		121c HOW INJURY OCCU	YES NO	YES IN ITEM 18 PAR		NO 🗌
> 7	d	m 18	-	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH D			(Eliferitations of the		, , , , , , , , , , , , , , , , , , , ,	
NO	ding ding s cer buric	or Hem	DICAL	(IF EITHER NOTIFY			M. OF INJURY	19	211. LOCATION				
DIVISION OF VITAL	4 - 4 b	ked o	MEDI	WHILE NO	T WHILE	( AT HOME, ST	REET, FACTORY OFFICE	FARM ETC )	STREET	CITY OR IC	)WN	COUNTY	STATE
ā	Or or or se os	HOL				ital) attended th	ne deceosed from.		. 19	to	. 19	2	that (i) (we) last
	ATTENDING spitol or of CTOR: After d for use os t	21 is				view the body			nd that in (my) (our) opinio	n death occurred on the d	ate and hour o		, , ,
	P h	Hem		226. SIGNATURE	RY		Offer Geoffi.	1	DEGREE	/	200	122,000	SIGNAD
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	TO HOSPITAL retained by th TO FUNERAL should be deter with the State	DRTA		22d. PHYSICIAN"	S NAME (TYPE	7			270 ADDRESS	X	00/10	1.1	MI
	FO H TO F shoul	N N		1.2	11/18/6	w	1.		Jeclin L	The Me	capio	ine,	1110
	BP		B1 1	SURIAL CREMATIC	ON, REMOVAL				EMETERY OF TREMATORY Walk U.Meth	CITY OF TOWN	Ualle E	COUNTY	ol- MD
			_	NERAL DIRECTO	RY		4	asaill	wark U.Fietii	Pleasant	WAIK F	AR'S SIGNA	ORE AND
	(VRA 15, 4)	/B2	7	cketts	V   ' / \	Home N	yersvill	e, MD	21773	THE O RES	fulle De	746m/-/	Mhore



	1	500					MARYLAND				
00 05010	1.	FOR STATE					H AND MENTA	573 4	1 /	) ";	7 4
00-05210	-	REGISTRAR	FIRST	WE		MINER'S	CERTIFICAT	E OF DEATHO	REG. NO.	- E.J	
	150	ECEASED NAMI	·Ma		WIDDLE		LAST	26. DATE OF	KNOWN MO	INTH DAY	YEAR 2b. HOUR
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55.56	1.5	EA .	4. RACE	5 DATE OF BIRTH	YEAR LAS	T BIRTHDAY) MON		DER 24 HRS. 26. DA		WIH DAY	YEAR 2d HOUR
Signe	- 140	emale	White	Jan. 18,		YRS.		DE		1 26 19	86 11 AM
2000年日		BIRTHPLACE (5' OREIGN COUNTRY)	TATE OR	76 CITIZEN OF W	HAT COUNTRY?	8 MARE	RED NEVER M	ARRIED V 9 BALTI	MORE CITY OR CO	UNTY OF DE	ATH
25252		Marylan		USA		WIDO		ORCED 🗀	Wach	whi	MD.
5. 五次百年	000	CITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING		HER INSTITUTION	120 USUAL OCC		OR IND	OF BUSINESS
A64 PA	1/	Hagers		Washingt			tal	Teache		Scho	
2000 A		JAL RESIDENCE STATE	(IF IN NURSING HOM	E OR OTHER INSTITUTION, GI	13c. CITY OR TO		13d INSIDE CITY LIMIT	IS? 13e. STREET ADD	RESS		
2 44458	M	aryland		hington	Sharps		YES X NO	_		82	
6 12 2 3 2 1 B	1 JA 34.1	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M		MIDDLE	LAS	
A ANTEN	U	James		nmi	Snyder		E.	Alve	erda	Smith	
WAS SAN	160.	WAS DECEASED	DEVER IN U.S. A	RMED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT		06 APPRISTVII	n Ave.	
RS API GIVE MITH F PAGE DIVISIO		no					Louise	Stauffer Ha	gerstown	MD 217	40
E WIN		IB. CAUSE O	F DEATH (Enter	only one couse per line	(or (o), (b), ond	(c).) J	/ i	1		APPRI	OXIMATE INTERVAL IN ONSET AND DEATH
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NA PARA STONE					AS A CONSEQU	ENCE OF		)	- 1		
RANGE B			is, if any, which ie to immedio								
W WENT			stating the unde		AS A CONSEQU	ENCE OF					
S PANANO				(c)		20.0	100				
WAY BENEFIE		PART 2 OTHER SIG	GNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	E DR CONDITION SIVEN	IN PART 1 Id.			
S MANAGER E	NO.	Sevil	Polen	suba	0/01/100	5 Coxx	weed of	Wie col	richt 1	670	
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P F WE F W	CBRT	210 EXTERNA	L CAUSE WAS	21b. TIME OF HOUR A.M	MONTH DAY	YEAR 21c. H	OW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1	OR PART 2)	
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534549	23a.1	BURIAL, CREMAT	ION, REMOVAL	23b DATE	23c. NAME	OF CEMETERY C	R CREMATORY	23d. LOCATION		COUNTY	
07/84 BP		Bu	rial	4/29/86	Mt.V	iew Cem	tary	Sharps	burg Wash		Mary land
25M DHMH - 17	24.1	UNERAL DIREC		ADDRESS				TE REC'D. BY REGISTR	AK 1230 KEGISIKAN	1 3 3 GIVALUKI	C
(VR A15 ME (5))	M	ajor M.	Osborne	Williams	port.MD	21795	/	APR 30 198	6 Juna Nav	14000-1/01	noisias

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STATE OF MARYLAND

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FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	IENE S S REG. NO.	12575
DECEASED NAME FIRST	KA S	Source	VILLE	20 DATE OF DEATH MONTH	ST PM
	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Female	White	June		93 YR	
	CITIZEN OF WHAT COU	INTRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH
West Virginia	U.S.A.	WIDOWE		Washington	County MD.
10 CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, I		DR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY
Hagerstown	Washingtor	County	Hospital	Homemaker	Home
LOUAT - SIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE 130. CITY C	CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE 2/74/
Maryland Washi	ngton Hage	erstown	YES NO	142 E. Irvin	Avenue
14 FATHER'S NAME	DLE L	AST	15 MOTHER'S MAIDEN NAM	WE	LAST
Lemuel J.	Powe		Anna		Scott
160 WAS DECEASED EVER IN U.S. ARME		AL SECURITY NO.	17 INFORMANT	ADDRESS	
No	220-	44-5032	Elizabeth	S. Nichols,	same as 13
18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	SY:	bi addici	much L	neel	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE	DUE TO, OR AS A COM		0	1 - 1	. 0
Canditians, if any, which		nemos	rankan k	truch	12 hours
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A TO	BEQUENCE OF	Ane Carde	i raeular Disa	ies years
PART 2 OTHER SIGNIFICANT COL		O DEATH BUT	NOT RELATED TO THE TERM	/	
190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED /	1 200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED
Gastos 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	Charles and			YES NO	RTIFYING CAUSES OF DEATH? YES NO
	116. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	31¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	1B PART ( OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NOT WHILE L					
220.1 certify that (1) (this haspital sow the deceased of a min obove (1) (we) (did) (and work)	attended the deceased	from 4	nd that is (my) (aur) apinion of	death accurred an the date and h	, 19 (we) last hour and from the causes stated
22b. SIGNATUSE	اسرد	42	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED
22d PHYSICIAN'S	July	12	PHYSICIAN (	DIRECTOR PHYSICIAN	1 4/8/86
Court o	LTORCE	In ms	ZZE. ADDRESS		
	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
Burial	4-9-86	Rose Hi	ill Cemetery		Allegany Md.
24 FUNERAL DIRECTOR	305 N. J			E REC'D. BY REGISTRAR 25% REG	
	ch Hagers			A mor la K.	In Burdelle

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

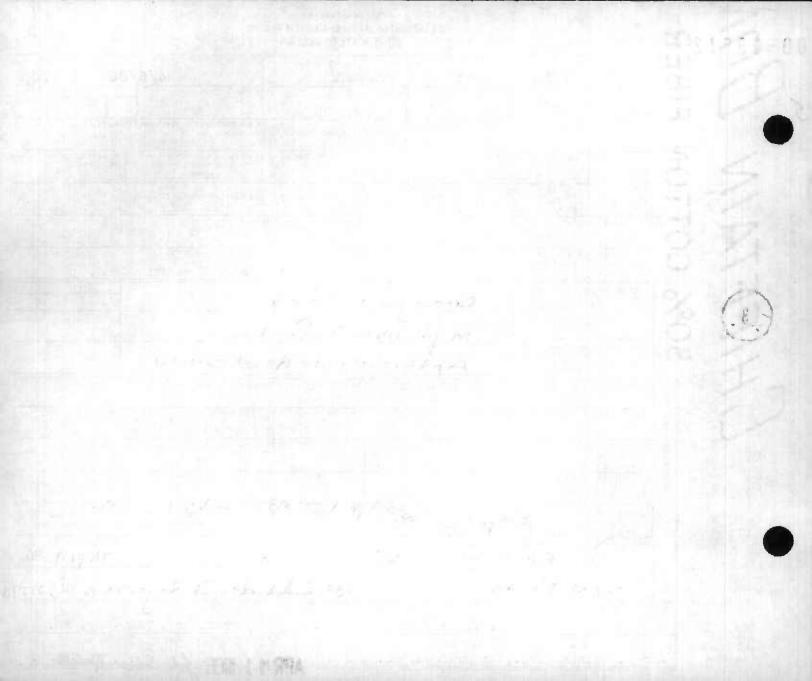
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Н		REGISTRAR				CERTI	FICATE OF DEATH	REC	. NO.	See		
		CEASED NAME	FIRST		MIDDLE	S PAR I	LAST	20 DATE OF DEAT		DAY YEAR	2b. HOU	R
	67199	DEPROOF	Ella	N	lae	STE	CWART		4/6	5/86	12:2	200
	1. SE	X		RACE	1840		OF BIRTH	6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER ! YEAR	# UNDER	
	fe	emale		white		Max	21, 1899	8	6 YRS		HOURS	MIN,
-	Tz. Bi	RTHPLACE ANATE OF	R FOREIGN 1	L CITIZEN OF	WHAT COUN	VIRY? 8		9 BALTIMORE CIT				
5	100.27	aryland		USA	A	WIDOW	ED NEVER MARRIED L	Wast	nington	n		MD.
Ä.	10 C	ITY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	120 USUAL OCCU		126 KIND O	F BUSINE	
	На	agerstown	3-14	_		theran V	illage	house	ewife	LIFE) INDUSTRY		
	USU	AL RESIDENCE (IF NUI		OTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION						
	11000	aryland	Washin		Hage:	rstown	13d. INSIDE CITY LIMITS?	13e.STREET ADDRE		rvin Dr.	21	740
1	14.FA	THER'S NAME					15. MOTHER'S MAIDEN NA					
I	0.7	David	N	NIDDLE	Both		Grace	MIDDI	lE .	Mo		
	160 V	VAS DECEASED EVE	R IN U.S. ARA	NED FORCES?		SECURITY NO.	17 INFORMANT	AC	DRESS	110		
H	no	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)			Lynn Meyers,	Esq., Ha	persto	wn. Md.		
		II CAUSE OF DEA	TH Enter only	one couse per	line for In 1	(b) and (c)	^		,	APPROXI BETWEEN C	MATE INTER	VAL
٩,	9	PART I. DEATH	WAS CAUSED	BY.	-	ic geni	e Stock			BEIWEEN	SMITE I WIND	DEATH
5	1	1 1 1 1	IMMEDIATE	CAUSE (o)		1			_			
	5	C 195- 4		DUE TO, O	RASACON	SEQUENCE OF	Deschart On	Li mi				
		Conditions, if on gove rise to im	nmediate	(b)_	10/4	Gama		11.00				
	14.0	cause (o), state underlying cous		DUE TO, O	RASACON	SEQUENCE OF	constic He	is Contract	26.1			
				(c)								
	z	PART 2 OTHER SIG	SNIFICANT C	ONDITIONS <u>CC</u>	DMIKIBUTIN	G 10 DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION G	IVEN IN PART 110		
	CERTIFICATION	19g DATE OF OPER	ATION	TIGH COND	ITION FOR W	VHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	Tank IE V	ES, WERE FINDIN	ICC LICE	
Ż	FIC	INC. DATE OF CITER		176 COND	THOIT TON V	VITICII OI EKATIC	DIT WAS TEN ORMED		IN CERT	TIFYING CAUSES	OF DEAT	H?
_	ERT	21a ACCIDENT WAS UP	NDEBLYING C	21b. TIME O	E INTITION		121. HOW INJURY OCCUP	YES NO		YES	NO [	
2		OR CONTRIBUTING		110110 1	M. MONTI	H DAY YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)		
	ICA ICA	(IF EITHER NOTIFY MED		P.		19						
	MEDICAL	21d INJURY OCCUI		21e. PLACE		OFFICE, FARM ETC )	211 LOCATION STREET	CITY	RIOWN	COUNTY	S	TATE
		NOT W	ORK									
		22a I certify that (	l) (this hospite	tanded th	e deceosed	1001		. 10	wil		that (I) (v	
		sow the deceo above, (1) (we)	sed olive on_ (did) (did not	view the body	after death.	19 86 ,0	nd that in (my) (our) opinion	deoth occurred on th	e date and ha	our and from the	ouses sto	sted
M		226. SIGNATURE	7	Y.	_		DEGREE			22c. DATE	SIGNED	
		1	a	را حدل	2	M.	TO ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [	9 45	120	25
1		22d. PHYSICIAN'S N			5 0	,	22e ADDRESS			1		
		N.1	4. t-e	engle			138 E. A.L	return St	Hays	motern	(,)W	2174
		SURIAL, CREMATION	, REMOVAL	23b. DATE		23c. NAME OF	EMETERY OR CREMATORY	23d LOCATION	1			
		specify) urial		Apr.9	1986	Frostbu	rg Mem. Park	Frostb		llegany,	Md.	TATE

DHMH - 16 60M 7/84 (VRA 15, 4) 24. FUNERAL DIRECTOR MINNICH FUNERAL HOME ADDRESS 415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DD 10 4:4000 AV. Killey



00-0348

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	Lillie	4 RACE		ATE OF BIRTH	6. AGE JIN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF L	
1000	'emale	White	5	Sept. 5, 1906	79 YRS.		
7a 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W		ARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	Y OF DEATH	
	t. Lena, Md.	U. S.		DOWED DIVORCED	Washington		
	lagerstown	LIF NOT IN SUCH	FACILITY, GIVE STREET ADDRES gton County	ME OR OTHER INSTITUTION  THOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII  HOUSEWIFE	12b. KIND OF BUINDUSTRY OWN HO	
USU 13a. <b>M</b>	JAL RESIDENCE (IF NURSING HOME STATE 135 CO Iaryland Wa	OR OTHER INSTITUTION C		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE Rfd. 2 Box 370	21713	
14 F	Charles	Irving	Stottlemye	r Anna	Rebecca	Houpt	
1	WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?  GIVE WAR OR DATES!	213- 68- 6		ADDRESS Rfd I. Stouffer, Boo	. 2 Box 3	
	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)	AS A CONSEQUENCE AS A CONSEQUENCE  AS A CONSEQUENCE	OF /	Tope Parameria  MINAL DISEASE OF CONDEMON GIVE	2 da 3 mm	
I Z	IN DATE OF OPERATION			ight limited	200 AUTOPSY? 200 IN CERTIFYES NO YES		
RTIFICATIO	(IF EITHER NOTIFY MEDICAL EXAMINER)		INT II IDV		RRED (ENTER NATURE OF INJURY IN ITEM 18 F		
EDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	MONTH DAY Y	19 21f LOCATION			
MEDICAL CERTIFICATIO	OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. NER) P.M. 21e. PLACE O	MONTH DAY Y	19 21f LOCATION STREET	CITY OR TOWN	COUNTY	
	OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUT	PLACE O (AT HOME STREE)  P.M.  21e. PLACE O (AT HOME STREE)  pitol) attended the	FINJURY ET, FACTORY, OFFICE, FARM, ET  deceased from  19	21f LOCATION STREET  , 19  _, and that in (my) (out) epinion		COUNTY  19 that is the caus	
	OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMINE)  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a L certify that (1) (this has sow the deceased alive and the sound in the	HOUR A.M P.M P.M 21e. PLACE O (AT HOME STREI	FINJURY ET, FACTORY, OFFICE, FARM, ET  deceased from  19	21f LOCATION STREET  , 19  _, and that in (my) (out) epinion  DEGREE  ATTENDING	a to spent 10	COUNTY	

DHMH - 16 60M 7/84 (VRA 15, 4)

John H. Bast, Jr. Boonsboro (555 Md. 21713

Mt. Lena, Wash. Co., Md. 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Female (iite = 5)0. 5, 1903 /9

Authorities and the contract contract and active on the

Maryland assimpted scorrocco scorrocco 2 dos 270 2111

Uhirlis Irving Stotel agree and tebecca icts:
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Lison B. Moory. M. J. Gollege M., Hagerstonn, Md. 21700

Jorial 4-12-65 Nt. Lema Constery No. Lena. Asth. Co., No.

STATE OF MARYLAND

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ysicion.	מב בצברחום		1001	ži o	color. code	No.	3	
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Hygiene prior to burio 18 shows ony injury, or called incarrose event, th	Personal	1	1000	- Par	che.		1	
)	2	11	1	19	75			
CERTIFICATION	160	7	3 13a	0	ना	3 S	I. D	1

FOR - STATE REGISTRAR DECEASED NAME

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	S O REG. NO	la	3)	-	1
	2a. DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	IR
	April 3, 1	986		1	٨
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
		MONTHS	DAYS	HOURS	MIN.
	78 YRS.				15
П	9 BALTIMORE CITY OR COUNT	YOFDE	ATH		

	(TYPE OR PRINT) Merl	e Ed	gar	TO	IS	Apri.	1 3, 1	986	
ì	3 SEX	4 RACE		5 DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
į	Male	White			h 19. 1908	78	YRS.		
7	Maryland	V.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	1000000	city <u>or</u> count Lngton	YOFDEATH	MD
9	CITY OR TOWN OF DEATH  Lagerstown	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET I Bton Coun	ADDRESS)	ospital		Operator	IFE) INDUSTRY	Co.
-	SUAL RESIDENCE (IF NURSING H. W. O. 13a STATE HAR DU M. M. C. 142b DU M.	NTY	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Smithsbu	7	13d INSIDE CITY LIMITS? YES NO 🛣		RESS / ZIP COD		2178
1	FATHER'S NAME FREST Sheridan	MIDDLE	Toms		15. MOTHER'S MAIDENNA Olivia		C.	Wolf	
	(YES, NO OR UNKNOWN) (IF YES GI	RMED FORCES?  IVE WAR OR DATES)	173-03-3		Mrs. Pearl N		Smiths bu	urg, Md.	,21783
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly ane cause per ED BY TE CAUSE (a)	Can-	liac	Anest			APPROX BETWEEN	ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause last.	(b)	R AS A CONSEQUE	Cor	ouary Auto	on Die	sease		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11

Emphysema,	High Blood						
190 DATE OF OPERATION	196 CONDITION FOR WHICH		200 AUTO	PSY?	20b. IF YES,	WERE FINE	DINGS USED
	X D Y L		VEC T	NOD	VES		NO [

71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION SIRFET CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC ) NOT WHILE

22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 3/3/1 aboye, (1) (we) (did) (did nat) view the body after death and that in (my) (aur) apinion deoth accurred an the date and have and from the causes stated

DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF

DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

300 Park Avenue, Frederick, Maryland 21701

Dr. James A. Frizzell, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Apr.6,1986 Mt. Bethel Cemetery FoxVille, Fred Md.

24 FUNERAL DIRECTO Smithsburg Home.

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

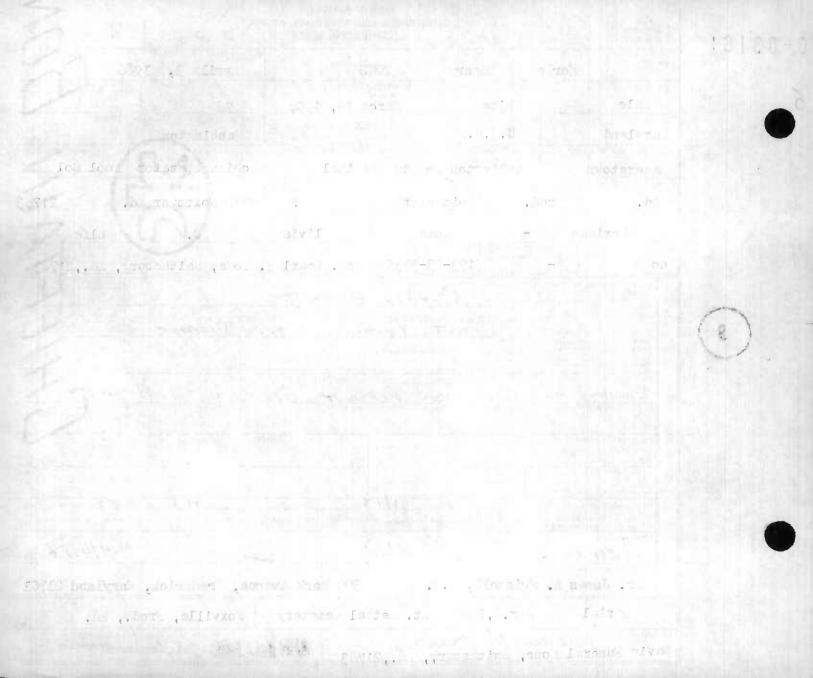
TO FUNERAL DIRECTOR: After this certification of the burial should be detached for use as the burial with the State Dept. of Health and Mental

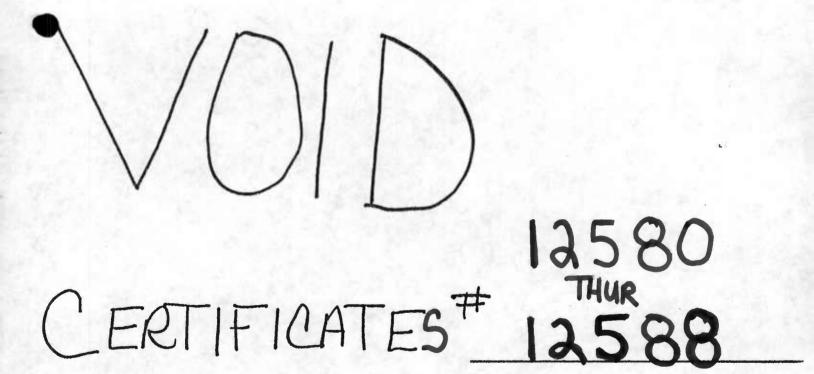
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IMPORTANT:

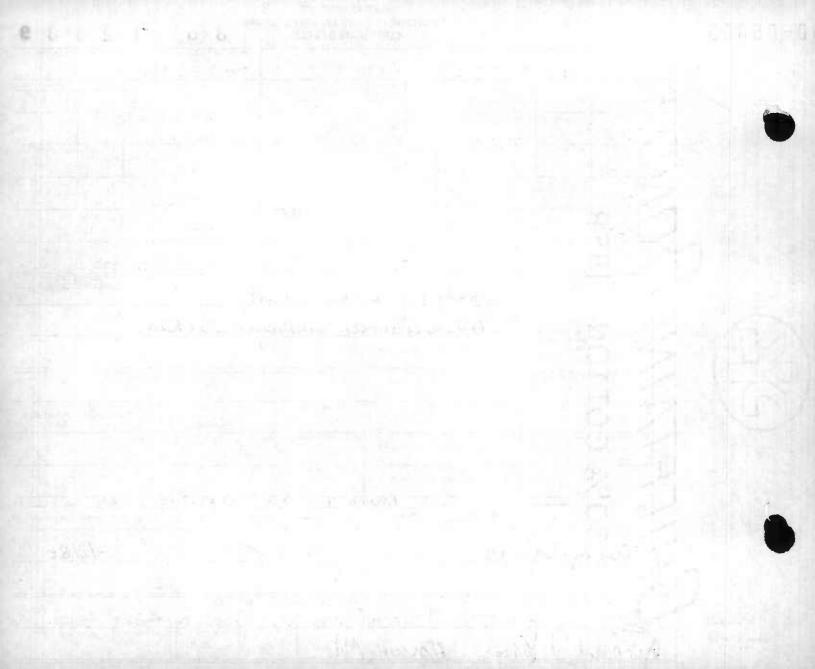






/		FOR		252424		UFMAKT		APAIR.			
0-05885	1	STATE REGISTRAR		DEPARI		ICATE OF	MENTAL HYG DEATH	8	6 NO	12	5 8 9
		CEASED NAME FIRS	t	MIDDLE	L	AST		2e. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
1 3 11 3	(TYP	E OR PRINT)	NORE TI	HEODOSIA	TR	UAX		April	18, 198	36	_
/ ou I	3. SE		4. RACE	120000271	5 DATE C	F BIRTH	14	6. AGE (IN YEAR		MONTHS DAY	
4	F	emale	White	е	July	15 <sup>DAY</sup>	1905	80	YR		S HOURS MIN.
e di	7 a. B	IRTHPLACE (STATE OR FOREIGH		OF WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
deort deort	1	Virginia	U.S.		WIDOWE	D X C	ONORCED [	Washi			M
直 亚 别	100	ITY OR TOWN OF DEATH		OF HOSPITAL, NURSII SUCH FACILITY, GIVE STREET	ADDRESS)		STITUTION		R MOST OF WORKIN		OF BUSINESS OR
201	7051	Hancock	203	Maryland	Avenu	e		Homema	ker	Ho	me
10 21 4 ho		AL RESIDENCE (IF NURSING HO STATE 13b (						13e. STREET AD	DRESS	Aug. 21	750
Hin 2		aryland   Wa ATHER'S NAME	<u>shington</u>	Hancock		YES X	NO T		aryland	Ave. 21	730
MARYLAND red within 24 mpletely fill and 2 should exormer at		By ames	Albert	O'Bonyke			Ni na	Li	llian	Smi	th
BALTIMORE, cote be execution and copers. Pages 1, wol. 11, the medical		WAS DECEASED EVER IN U.S	S. ARMED FORCES			17. INFORM			ADDRESS		
TIMe be e		No.		215-44-9		Gene	0. Trua	x 16 Per	nna. Ave	. Hanco	
ficore floore pope novol.		18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse p AUSED BY:	per line for (a), (b), or	nd (c).1		. 1. 1. 4	L		8ETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
ST gg b			DIATE CAUSE (0)	Caracopi	une	mory	arre	3.4			
PRESTON ne deoth co	100	Conditions, if any, which	DUE TO	OR AS A CONSEOU	POLLA	45 1	Caudia	uscul	1 Dis		
he of motion	- 34	gove rise to immediate couse (a), stoting the	te )			<del></del>	ac acce	يكرين دمار	0(1.000		
by the ose r	15	underlying couse los		OR AS A CONSEOU	ENCE OF						
RDS, 201 squires the signed to burial, to burial, nitury, or or	z	PART 2. OTHER SIGNIFICA		CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE (	OR CONDITION	GIVEN IN PART	1(a
CORD v requ	CERTIFICATION	19g DATE OF OPERATION	LIGH COL	NDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOP:	Y? 206 IF	YES, WERE FINE	INGS USED
L REC	易	The Batte of Great tool	178.00			· · · · · · · · · · · · · · · · · · ·	OMMED			RTIFYING CAUS	
VITA VITA Nysicio reorsit Hygis 18 sho	7 8	21a. ACCIDENT WAS UNDERLYIN	4100100	OF INJURY		21c. HOW	NJURY OCCUR			18 PART 1 OR PART 2	
SICIATION OF A CERTIFUL OF A C	CAL	OR CONTRIBUTING CAUSE (	OF DEATH	A.M. MONTH D	AY YEAR	1.6					
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of the other this certificate has been signs the buriol-tronsit permit. Then hand Amenial Hygene prior to borked or frem 18 shows cony injury	MEDIC	21d INJURY OCCURRED	. (AT HOME.	E OF INJURY	FARM, ETC.)	21f LOCAT			ITY OR TOWN	COUNTY	STATE
NG N	1	AT WORK NOT WHILE			A 1A 1	0 1	V/-	A 10		*/-	
END olo		22a. I certify that (I) (this sow the deceased alm	6.4	the deceased from	3 P NAT		() (awr) opinion	death accurred	ent la	hour and from the	, that (I) (we) los
RECTO en 2 of to of pt.		obove_(I) (weredist) (d 22a_SIGPARURE	id not new the bo	dy after death.		DEGREE	// (Carry optimon	acom occurred t	on the dore ond		TE SIGNED
the horner of the DIRE		Theon 1	all in	^			ATTENDING PHYSICIAN	DIRECTOR	STAFF	51	186
HOSPITAL ned by the FUNERAL sold be dety the Stote ORTANT.		224 PHYSICIAN'S NAME (	THE BEPRINTS			22e ADDRE		DIRECTOR	PHISICIAN _	13/	430
10000			0								
Of Standard	23e.	BURIAL, CREMATION, REMO	OVAL 236. DATE	23c.	NAME OF C	EMETERY OF	CREMATORY	23d. LOCATI		COUNTY	STATE
BP	-	urial	N 4/22	/86 P	leasan	t Grov	e Cem.	Need	nore Fu	ulton P	enna.
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	HARAL DIRECTOR	1/10	ADDRESS		MA	25a, DAT	E REC'D. BY REC	STRAR 256. REC	SISTRAR'S SIGN	ATURNOUS
(VKA 13, 4)		regard >	21/10	HAN	COH	(W)	1917		1		

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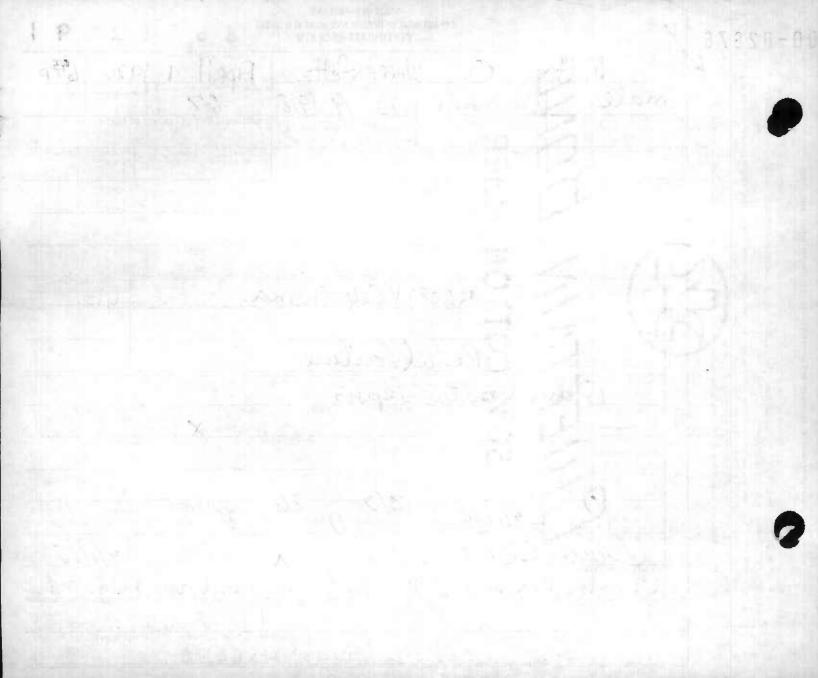
3482.	Ĺ	FOR STATE REGISTRAR	id -	DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	B B REG. NO	D. MONTH DAY	2 5 9 0
poge 3		CEASED NAME PIRST	d Haro		11-	nce	Zo. DATE OF DEATH	4-9-81	1004/
director, po	3. SE	× M	4. RACE	~	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IFUNDER 24 HRS DAYS HOURS MIN.
Poor Tared		IRTHPLACE (STATE OR FOREIGN COUNTRY)  JOSA Co - md.		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Washing		ATH MD.
by the fur ided within	1.1	agerstun. md	(IF NOT IN SU	HOSPITAL, NURSING PROCESTREET NEED COU	ADDRESS)	ospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O maintenan	F WORKING LIFE) (ND	KIND OF BUSINESS OR USTRY
should be in	USU 130.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION UNITY hington	GIVE RESIDENCE BEFOR 134 CITY OR TOW Hagerst	/N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 508 Rid		21740
in Carte	14 F.	ATHER'S NAME FIRST  David	MIDDLE M.	Vance		15 MOTHER'S MAIDEN NA	ME MIDDLE	Go	ı <sub>AST</sub> ordon
n ond com Poges 1 o	(	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES) Orean	212 24 6	JRITY NO.	17 INFORMANT	Vance, Hag	SS	
requires that the death certificate is signed by the attending physici. Then please remove carbonopopes into burial, cremotion, or removal, injury, or other traumatic event, the	HON	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	(b) DUE TO, C	OR AS A CONSEQUED RAS A CONSEQUED RAS A CONSEQUED CONTRIBUTING TO	ENCE OF	envic Obstan	thise Pull	O'FEDY	PART IIO
ion.  the bas been it permit.  Items prior  nows@ny	CERTIFICATION	19a DATE OF OPERATION	92		OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE IN CERTIFYING C YES	EFINDINGS USED CAUSES OF DEATH?
ottending physicion fer this certificate h s the buriol-tronsit p ond Mental Hygier rked of Year (8 show	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IFEITHER, NOTHER MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRIBU	DEATH HOUR A	OF INJURY  .M. MONTH D  .M.  OF INJURY  (REET, FACTORY, OFFICE, I	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUIL		PART 2} UNIY STATE
nospiral or DIRECTOR: Af sched for use o Dept. of Heolil f them 21 is ma		22a.1 certify that (1) (this had sow the deceased alive obove, (1) (we) (did) (did 22b. SIGNATURE				. 19 19 ad that in (my) (our) opinion of	, to death accurred on the do		that (I) (we) lost rom the couses stated
FUNERAL old be detected the State		22d. PHYSICIAN'S NAME (TYP)	LOG GEORPHINI)	22 P	4.1	ATTENDING	MEDICAL STAF	FIAN 1	19/86
€ 2 € \$ <b>\$</b> /	bi	SURIAL, CREMATION, REMOV.	Apr.1	2,1986 Ce	dar L	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	TY STATE
MH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR MIN		ERAL HOME gerstown,		21740 25 AP	Hagerston By REGISTRAR 1 4 1986	25b REGISTRAR'S S	SIGNATURE

00-02676

### STATE OF MARYLAND

REG. NO.	1	2	3	9	5
OF DE LYLL	0.44	W.C.			

	1			STAT	TE OF MARYLAND			
676	1/	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH					
010	I. DE	CEASED NAME A PIPST	O MIDDLE		LAST A	REG. NO.	DAY YEAR	T2h HOUR
£ 6		OR PRINT)	Oscar	WARR	ENTEH	Pool	1001	26. HOUR P N
de de	3 SE:	( / / / / / / / / / / / / / / / / / / /	4. RACE		OF BIRTH	6. AGE (NYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ors ofter death	1 .	nall	Caucasiin	MONT	19 1918	67	MONTHS! DAYS	HOURS MIN.
72 hours	₹d BI	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRI	ED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
C -		aryland	USA	WIDOW		Washington		M
with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OF
filed w	H:	agerstown	Washington Co	_	Hospital	owner		ibuting
9	USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION	)	13e.STREET ADDRESS / ZIP C		Ringgo
Place of the			hington Hagerst		136. INSIDE CITY LIMITS?	Route 5,	000	21740
10		THER'S NAME		O 1111	15 MOTHER'S MAIDEN NA		5011 214	21/40
200		Oscar	G. Warrenf	01+7	Bessie	MIDDLE	Koog1	
	Ióo V	VAS DECEASED EVER IN U.S. A			17. INFORMANT	ADDRESS	Roogi	
Pages	(	(IF YES, O	GIVE WAR OR DATES)					16.1
v 0/	ye		W.II 219 05	2132	Mary P. wa	rrenfeltz, Hage		
avol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause per line far a) (b) c	OF U	Chicia man	0	1 1 1	MATE INTERVAL ONSET AND DEATH
e me			ATE CAUSE (a)	as I	Calcinon		45	> .
ario		The second	DUE TO, OR AS A CONSEQU	UENCE OF				
ave fron		Canditians, if any, which	( (b)					
ema		gave rise to immediate couse (a), stating the	DUE TO, OR A CONSEQU	and of	0.0			
ied, cremation, ar or other traumotic		underlying cause last.	Ceno	U.T	aucun			
uria y, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATHYBU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	a
to b	Z	(Ava)	m Mocallin	e Je	phis			
1110	CERTIFICATION	NE DATE OF OPERATION	19b. CONDITION FOR WHIC	HOPERATIO	N WAS PERFORMED	20s AUTOPSY? 20s. 0	YES, WERE FINDIN	NGS USED
22 50	1 ≝	_				YES TO NOTY INCE	HTIFYING CAUSES YES	NO []
	8	Zie. ACCIDENT WAS UNDERLYING	[7] 21b. TIME OF INJURY		ZIE HOW INJURY OCCURS	ED (enternature or majors in their		
1170		OR CONTRIBUTING [] CAUSE OF D	The state of the s					
24/	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJURY	19	TH LOCATION			
225	ME	WHILE OF ACTIONS	(AT HOME STREET, FACTORS, OFFICE	A 48M, ETC.)	5000	Citi Ot 10Wh	COUNTY	STATE
0 to 0		at work at work		3	A 01	Asomet		/1
3 5 E		72x I certify that (1) (this has	-9/////////////	-2/	1900	to preserve	19	that fi we la
22.2		abave (1) we did (did	on 7/1/20 19	- 0	and that in finy (our) opinion o	death occurred on the date and	hour and from the	count stated
Pep Pe		724 SIBNIATIONE	01111		DEGREE		22c DATE	SIGNED
1000		(/ Galle	o Kilkardy	m	ATTENDING X	MEDICAL STAFF DIRECTOR PHYSICIAN	14/1	186
httle Stor	1	224 RAYSICIAN'S NAME TYPE	OR PRINT)	^	22e ADDRESS	1 0 1		Λ
the the		Charles	R. Chaner	m.D	13635.01	eveland the	Hag.	md.
413-	73a 5	URIAL, CREMATION, REMOVA		NAME OF	CEMETERY OR CREMATORY	1236. LOCATION	1 10-1	1 . (64
	1	SPECIFY)				CITY OR TOWN	COUNTY	STATE
		urial	April 5,1986	rest i		Hagerstown, EREC'D. BY REGISTRAR 256. REC		
60M 7/84		( abdate	CH FUNERAL HOME		and the second second second	and the second second second		
15, 4)	415	E. Wilson Blv	d., Hagerstown,	Marvla	and 21740	APR 04 1986	and some interest	-Marian



Coffman Funeral Home, Inc.

(VRA 15, 4)

From siere Webs Ball Ber - 2 Mar 27 Male 3081 I frust office state Maryland U.S.a. Washington County Bauerstown assington County respital Car Inspector Sailroad 04715 Maryland washington .necretown E 775 Lighty Street - 217-10-421 Lareh E. Shreder daderstown, May 3-1-11 Fest Hevel Comctery Engerstour, Washington, Wa 

A.R. Coffman Puneral Nore, Inc.

## FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2593

		CEASED NAME	FIRST	٨	NIDDIE	·	ASI	2a DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
7	(TYPE	(TYPE OR PRINT) Ronald			Lee WHIT		CTINGTON	April 10, 1986		3	м
	3 SEX 4 R		4 RACE		5. DATE C	)F BIRTH	6 AGE LINYEARS LAST BIRT		F UNDER 1 YEAR	IF UNDER 24 HRS	
	male w		white	white		3, 1932 YEAR	53	YRS.	DNIHS DATS	HOURS MIN.	
2		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH	
7		Maryland USA				WIDOWED DIVORCED		Washington			MD.
?	(1)			Washi:	ngton Co	unty F	or other institution  Hospital	120 USUAL OCCUPATE  (TYPE OF WORK FOR MOST OF  1abor		126 KIND OF	BUSINESS OR
	13a. S	Maryland Washington Hager			I3t. CITY OR TOV Hagers	WN	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌				21740
1		FATHER'S NAME FIRST MIDDLE VAST  Kenneth Whitting				15. MOTHER'S MAIDEN NAME Pauline  MIDDLE			Martin		
The second secon	16a V	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (14956-1954)			166 SOCIAL SEC						
		yes	Ar	my	216 22	1863	Rhoda A. Whi	ttington, H	agerst	own, M	d.
		Conditions, if ony,	AS CAUSE IMMEDIAT	D BY: E CAUSE (o)	AS A CONSEQUE	DID RC	spires Tony	ARREST DID INFO	POTON	BETWEEN	MATE INTERVAL INSET AND DEATH
	NOI	part 2. Other Significant Conditions Contributing to Death But not related to the terminal disease or Condition Given in Part 1/0									
, , , , , , , , , , , , , , , , , , ,	CERTIFICATION	90 DATE OF OPERATION 196. CONDITION FOR WHIC			H OPERATION	N WAS PERFORMED	20e AUTOPSY?		WERE FINDIN		
	21a. ACCIDENT WAS UNDERLYING										
	MEE	218. INJURY OCCURR	ne 🗀		SET FACTORY OFFICE	FARM ETC )	STREET	CITY OF TOV	AN	COUNTA	STATE
		12 Control of this hospital) attended the deceased from 19 to 19 that (I) (we) los 19 the deceased olive on 19 that (I) (we) los 19 the deceased olive on 19 that (I) (we) los 19 the deceased olive on 19 that (I) (we) los 19 the deceased olive on 19 that (I) (we) los 19 that (I) (we									ouses stated
	230 0	THE PHYSICIANS NA	No	03/2/	122	NAME OF C	22e ADDRESS	123d LOCATION			ľ
		BURIAL, CREMATION, F	KEMOVAL	23b. DATE	7006	NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/84

415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

Apr.12,1986 Rest Haven Cemetery
4 FUNERAL HOME 250 D

Hagerstown, Wash., Maryland

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

4 P 2 S 1 2 S 9 3

of director, page 3 2 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	i e	NO.	I	2	5	9	4
OF	DEATH	MONTH	D.	V VE	A D	21 110110	_

	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH							94	
	I. DECEASED NAME FIRST MIDDLE			Emmons	WII	AST LEY	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR April 9, 1986			
	3. SE	3. SEX 4. RAC			5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		le le		white		y 20, 1927	58 YRS	MONTHS DATS	HOURS MIN.	
-		RTHPLACE (STATE OR FORE	EIGN 76 CITIZEN OF	WHAT COUNTRY	MARRIED X NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH			
)		Maryland USA				D DIVORCED	Washington MD.			
)		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSI CH FACILITY, GIVE STREE ENTRAL AV	T ADDRESS)	DR OTHER INSTITUTION	(17PE OF WORK FOR MOST OF WORKING I Truck driver	UFE) INDUSTRY	suction	
100	USUA 13n S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		A 121 (A ICIDE CITY I IVITED	La CYDEET ADODESC / 710 COS	· ·		
			Washington			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 315 Central Ave. 2		21740	
1		THER'S NAME		MIDDLE LAST P. Wiley		15. MOTHER'S MAIDEN NAM	AME			
		Stanlev				Bertha MIDDLE		Bittinger		
		VAS DECEASED EVER IN		MED FORCES? 166 SOCIAL SECURITY NO. 17 IN			ADDRESS	Bittinger		
	- (1		945-1957					Md.		
		18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c)								
		IMMEDIATE CAUSE (a) Cardion mongry are 57								
14		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (b) ISTONCKOGENIE CATCINOMA								
	le l	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE O								
d	underlying cause last. ( Diabetes mellitus									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION								VEN IN PART 100		
7	ATIO	CMPAYSEMA CAYCINOMA ST CCTUM  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206. IF YE						S, WERE FINDIN	CS LISED	
1	CERTIFICATION	, in committee				WAS TEM ORNED	M CERT	CERTIFYING CAUSES OF DEATH?		
	CER	210 ACCIDENT WAS UNDERL	110110 1		AV VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18			
7	CAL	OR CONTRIBUTING CAU	St Of DEATH	M. MONTH D	AT TEAR					
	MEDICAL	21d INJURY OCCURRED	LAT HOME ST	OF INJURY	FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
n	~	WHILE AT WORK AT WORK						~		
22a I certify that (IV) his hospitally attended the deceased from 9, 19 82, to 9 saw the deceased alive on 1986, and that in (my) (our) opinion death occurred on the date and how above, (I) (second) (did not) year the body after death.									hat (I) <del>(we) last</del> causes stated	
		276 SIGNATURE	1/2	differ dediff.		DEGREE	MEDICAL STAFF	22c. DATE S	SIGNED	
1	1	THE PHYSICIAN'S NAME ITTHE CHERKY 120 ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR								
	8									
	230 B	SPECIFY)	MOVAL 236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	C CHAITY	STATE	
	bu	rial	Apr.12	,1986 Gr	eenla	wn Mem.Park	Williamsport	, Wash.	Maryland	
	24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR'S SIGNATURE									
	41	15 E. Wilson Blvd., Hagerstown, Md. 21740								

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottri should be detached for use as the buriol-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to buriol, cremation IMPORTANT: If them 21 is marked or them 18 storms injury, or other trausition.

DIAMES DISTRICT .A.S.U bonleral Maryland | cabington | Lancerstows 2 | 1864 | Milberry Lyenge Milliam Biley Linders 214-99-7907 Sanet N. Harvauch Gageratown, Md.

-8-90 Fose Lill Cemetery Hagerstown, Lashington, Md. . H. . OR JRIODS . A.R. Coffian Luneral Home, The.

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STATE OF MARYLAND

All and the second interest the true County Respitation of the contraction Pages, Printels Typestore w 15100 tollegall Cares Rd. Catal de anila de la maria del maria de la maria de la maria de la maria del maria de la maria della m 577-32-1032 Xdiert C. 4717 T.O. 81x 371, Dieta bids All a resident of the father of the father than the father tha

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 10 - 03502CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR TYPE OF PRINT Estella LIOLA -86 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER TYEAR Female White December 29,1921 TO BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7b. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED WASHINGTON West Virginia USA WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Washington County Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE Home Home Hagerstown Baltimore Baltimore 7915 Main St. 13d INSIDE CITY LIMITS? Maryland 21226 15 MOTHER'S MAIDEN NAME AFATHER'S NAME Cook Margie Elizabeth Harry Monroe Hose 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 212-20-5768 Doye Largent Rt.1 Bx#206 Falling Waters.WV APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).
PART I, DEATH WAS CAUSED BY: HEPATO-RENAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CIRRHOSIS HEPATITIS. MICRONODULAR Conditions, if any, which DUE TO, OR AS A CONSEQUENCE OF BACUTE gove rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 17-29-86 DUIDRIC CHANGE LICER 216. TIME OF INJURY 21c HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC | NOT WHILE 220.1 certify that (M (this hospital) attended the deceased fram aur) ppinion death accurred an the date and hour and from the causes stated obove, (I we 226. SIGNATUR DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL CITY OR TOWN Burial Apr.29,1986 Harmony Cemetery Marlowe Berkeley West Virginia

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

Major M. Osborne Williamsport, MD 21795

WYATT 4-5-86 0630 VICER E HEPATE - FRANK PALLIES I PAYS MITTER MESTERS ACTION TO SELECTE 17-29-86 Streeting pylanic chain. Alcord X Feloward m3